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# The Public Health Nurse

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## Present Day Knowledge of Vitamins

*By Margaret M. Edwards*

## A Place in the Sun

*By Madelein G. Revell*

## Nurses in Foreign Missions

*By M. Carter Roberts*

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# The PUBLIC HEALTH NURSE

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## DRAMATIZING THE DAY'S WORK

We have known for quite a long time that public health nursing is one of the most useful of all the opportunities open to women. Many of us have also come to have a sense of its dramatic possibilities, its color and romance, as well as its satisfying content of service. Nurses—so far as recording their experiences—are perhaps rather inarticulate. Their main idea is usually to get on with the job. In proposing the short story contest we hoped to insinuate the idea that it was really worth while occasionally to transcribe some experience or incident so that others may become aware of the adventure, the thrill, and the intimate comradeship that may at any moment bring into a day's routine a glow that gives a new impetus to living. We think we have succeeded. The work of the judges is going on. This is a slow process, but the somewhat guarded news we have received so far has given us some thrills of our own of expectation for the future.

In the *Red Cross Courier* appear these remarks from one of the judges. "We anticipated a somewhat tedious task. On receipt of a large packet of manuscripts from the New York office we closeted ourselves one Sunday to read them and make a preliminary

selection. Late in the afternoon, brushing a tear away, we laid the last manuscript on several others marked 'first choice,' feeling that the Sabbath had brought us rare spiritual refreshment, so deeply and repeatedly had we been moved both to pity and to mirth. Sitting for a while in reverie, as the dusk gathered, we had a feeling of profound thanksgiving. Thanksgiving that in a world so full of ignorance, distress, despair, nurses have it in their power to make life easier and brighter and that so many are using this power with gentleness, kindness and a deep sense of *noblesse oblige*. We rejoiced that the high praise bestowed on public health nursing is often so justly earned by the strength, the wisdom, the understanding sympathy of many nurses. We were glad that so many perceive the true inward beauty of people outwardly commonplace and find so much of significance in their work besides its routine and that they are gaining the faculty of giving expression to their sensitive perceptions. We were grateful that we had chosen so beautiful and gracious a calling as nursing for our life work and yearned to close our desk, to don the old grey uniform and go forth again with bag in hand."

# THE LEAGUE AND THE LABOR OFFICE

*Impressions of visits made at the meeting of the International Council of Nurses at Geneva*

BY GERTRUDE E. HODGMAN

Yale School of Nursing

TO most of us these days, even though we are Americans, Geneva means the League of Nations. No tourist's visit to Geneva could possibly be satisfactory, it seems to me, which did not bring one in some way in touch with the places where international history is being made to-day. The

work of the League and its sister society, the International Labor Office, which are most closely related to nursing activities and interests.

Dame Rachel Crowdy, head of the section of that Secretariat of the League which deals with humanitarian and social questions, spoke to us about



*Nurses assembled before the Palace of the League of Nations*

League of Nations now has fifty-six nations in its membership.\*

Those of us who attended the meeting of the International Council of Nurses in July of this year were therefore very grateful that the program had been so planned that we were able to get in touch with some aspects of

the work of the committees which have been organized in connection with the League to deal with such international questions. At the present time these questions come under three general headings, *i.e.*, Traffic in Opium and Other Dangerous Drugs; Traffic in Women and the Protection of Chil-

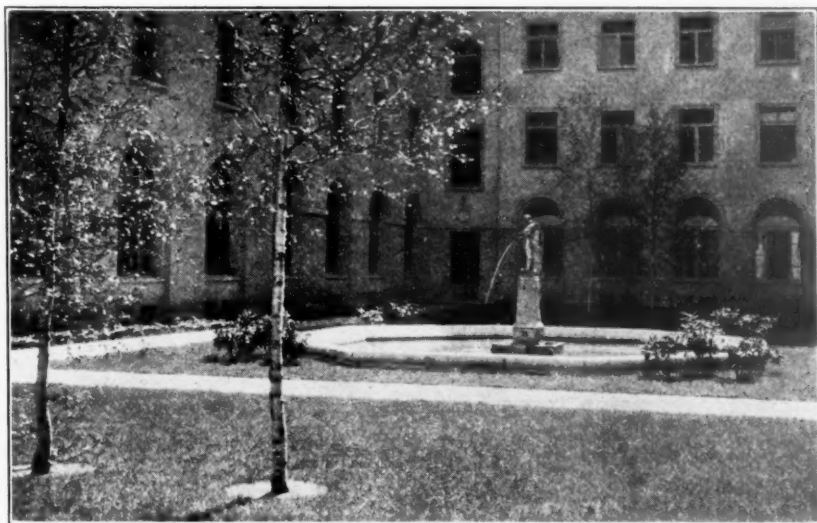
\*A paper on the Health Activities of the League of Nations by Christiane Reimann appeared in *THE PUBLIC HEALTH NURSE*, August, 1924. Dr. F. G. Boudreau, Health Section of the League of Nations, gave a paper on Recent Activities in the Health Organization of the League at the annual meeting of the American Public Health Association in Cincinnati, October 18, which will probably be published in the *American Journal of Public Health*.

dren; and the Repatriation of Prisoners of War and the Care of Refugees (from certain specific regions) and questions relating to Slavery.

In almost every instance international organizations related to these problems had been formed before the League of Nations came into existence. The policy of the League seems to be to use these older organizations, making them in various ways an integral part of the League as a Committee,

through the League has been to a coördination of these often spasmodic efforts into a definite organized program with a very real speeding up of the actual accomplishment of desired results.

An example of this increased amount of international effective effort through the League was given us in our visit to the International Labor Bureau. This Bureau, which like the League is an integral part of the Treaty of Versailles, and organized like it, has



*Court of the International Labor Office. The fountain bears this inscription:  
"Oh stream of Life run you slow or fast,  
All streams come to the Sea at last."*

Commission or Organization. The "Secretariat General" which is the Executive Organ of the League is divided into sections, each of which acts as the Executive Organ of the League's variously formed committees or organizations.

The present Health Organization of the League has been developed in this way from the already existing "Office International Hygiene Publique." This latter now serves as the Advisory Council to the Health Organization, while the "Health Section" (the executive body) is a section of the League Secretariat.

The effect of bringing all these various international activities together

been able to pass since its organization directly after the war, over 100 conventions (or agreements). These conventions have been referred to the Nations represented for ratification, with remarkable results. (I regret I cannot give actual figures.) The significant point is this, however, that the international organization which existed previous to the formation of the International Labor Bureau had succeeded in passing only one convention (that in relation to the manufacture of matches without phosphorus), although it had been at work longer than the International Labor Bureau has.

In my experience there are no build-

ings in Europe which have greater significance than the two buildings we visited in Geneva, the Palais des Nations and the Building of the International Labor Office. The latter is comparatively new and was built especially to house this office. It has been decorated and furnished exquisitely by gifts from the different nations. It is beautiful and modern. It is alive with activities representing the best enlightenment of our time—research, impartial study and judgment of questions

which will affect the life and health of nations who must learn to live together in peace.

One of the pamphlets given us in Geneva contained this statement "Peace Cannot Prevail Unless Social Conditions Are Improved." Questions of health, social welfare, labor problems are matters of first importance in Geneva. They are also matters with which we as nurses have a close and vital relationship.

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Miss Nutting sends us a clipping from *The Manchester Guardian* with comments of her own on Sir Ronald Ross' poem, written after his discovery of the malarial parasite.

When he speaks of working with "tears and toiling breath," one is reminded of Madame Curie and her husband laboring year after year in their bare shed of a laboratory, amid discouragements innumerable, sometimes as she herself says, "broken with fatigue at the day's end." No wonder Pasteur calls laboratories sacred places, "the temples of the future." It is in them he says "that humanity grows, fortifies itself and becomes better."

Henry W. Nevins, commenting on Sir Ronald Ross' poem in *The Manchester Guardian*, says:

"Like most of us, the scientific poet is overwhelmed at the aspect of an infinite and incomprehensible universe amidst which the earth moves as a scarcely visible speck of dust . . . also by the miseries of man. . . . Yet, after his great discovery of the malarial parasite upon mosquitoes, he suddenly rises to a note of triumph."

This day relenting God  
Hath placed within my hand  
A wondrous thing; and God  
Be praised. At His command,

Seeking His secret deeds  
With tears and toiling breath,  
I find thy cunning seeds,  
O million-murdering Death.

I know this little thing  
A myriad men will save.  
O Death, where is thy sting?  
Thy victory, O Grave?

# THE "LITTLE THINGS" THAT NOURISH OUR BODY

BY MARGARET M. EDWARDS

*Health Education Division, American Child Health Association*

*This Article Attempts to Summarize Very Briefly the Present Day Knowledge Regarding Vitamins.*

**E**VEN though the word "vitamin," meaning "life-giving," only made its first appearance in 1912, the potency of oranges and lemons was noted and valued as a cure for scurvy as early as 1747. It was at this time that Casimir Funk coined the word vitamin in connection with his experiments with polyneuritic pigeons. This fact demonstrates to us that vitamins have long been a valued factor in nutrition although they have played a mysterious part.

With our keen interest and appreciation of vitamins as essentials of nutrition, it is well to bear in mind Sherman's statement in 1925 that "All nutrition work, to be worthy of our present knowledge and opportunity must stand four-square upon equal recognition of calories, protein, mineral elements and vitamins." The chemical make-up of these "little things" is tremendously important to the scientist in order that he might determine their sources and values but the latter items are the significant facts for the lay person.

Thus far, five vitamins are known to exist, each one contributing its share to vital nutrition and an adequate diet. A diet deprived of any one vitamin will show a definite effect on the nutrition of the individual or animal. It is interesting to note that not only is the normal nutrition of the body decreased but specific nutritional diseases will result if foods lacking in the various vitamins are not supplied.

**Vitamin A**, long considered an active generator of growth, was later discovered as a preventive of xerophthalmia, commonly known as conjunctivitis. In this disease we find

congested and swollen eyelids and if this condition is allowed to continue, total blindness results. This nutritional disease has been found quite common during war periods and in isolated countries where diets are restricted, both quantitatively and qualitatively. Experiments and experience have proven the value of foods rich in Vitamin A in alleviating this disease. Many of the cases cited have been almost miraculous in the change brought about through the use of foods rich in Vitamin A.

Besides serving as a preventive of the disease, Vitamin A also is active in the promotion of growth, stimulation to better reproduction, resistance to disease, and promotion of longevity. Without this vitamin adulthood would never be reached as it is a most important vitamin in the development of body tissue. Nature has appreciated its importance by arranging for its storage in the tissues. Here it is carefully stored for future use in promoting health and vitality.

In order that a sufficient amount of Vitamin A is taken into the body, it is well to know the foods that are highest in this vitamin. Milk and dairy products are outstanding in their content of this constituent. To dairy products should be added various animal fats, eggs (the yolk), cod liver oil, cabbage, spinach, lettuce, green string beans, green peas, tomatoes, bananas, and oranges. It is well to remember that the greener the vegetable the more likely it is to contain larger quantities of Vitamin A. This has been demonstrated by comparing the effectiveness of the dark green lettuce leaves and the bleached lettuce leaves in feed-

ing experiments. Root vegetables are much lower in Vitamin A than the leafy vegetables.

**Vitamin B**, first discovered as a preventive and cure in the treatment of beri-beri, also has been found active in the stimulation of growth, healthy reproduction, resistance to infection, but its particular function lies in its wholesome stimulation to the appetite and the digestive system. Though not significantly recognized as such at the present time, Vitamin B may be found to serve as a nerve stabilizer. It has been proven though that it has a marked effect on the condition of the nervous system. Yeast, fresh vegetables, particularly potatoes and spinach, fresh fruits, tomatoes, eggs, whole cereals, nuts and milk contain large quantities of this vitamin. Probably because it is more widely distributed and more stable than any of the other vitamins, it has not been found up to the present time stored in the body.

**Vitamin C** came into being in the search for a cure for scurvy. Although scurvy is not a common disease in this country many children and even adults suffer and show symptoms of a form of scurvy. These symptoms are indicated through poor teeth, general anemia, lack of energy, "rheumatic pains" and sallowness of skin. No doubt these conditions have been aggravated by a diet low in fresh raw vegetables and fruits.

This vitamin is more abundantly found in leafy vegetables, potatoes, root vegetables and fruits. A great many of the old remedies for scurvy, such as dandelion tea and ground citrus fruit pulp, proved that even the scientists of the past were aware of the value of certain foods in the treatment of this disease. The romantic story of the "Irish potato" and its saving of the nation during a famine of scurvy scourge will go down in history as an illustration of what one food can do to combat disease.

The amount of Vitamin C found in fresh raw milk depends to a large extent on the diet of the cow. If we could be assured of the cleanliness of the raw milk we could count on the

Vitamin C found in this milk but realizing the necessity of pasteurization for furnishing safe milk, it is well to depend on other foods rather than milk for Vitamin C, as Vitamin C is easily destroyed by heat and long cooking. It is also well to bear this same point in mind in the preparation of foods, being careful to avoid long cooking of vegetables and fruits, our greatest source of Vitamin C.

**Vitamin D**, generally known as the anti-rachitic vitamin, not only plays a vital part in the bone development of the child but also is important for the development and calcification of sound teeth. It has been stated that 90 per cent of the populace has suffered at some time, in some degree, from rickets.

Rickets as we know, is the result of inadequate, poorly assimilated food and insufficient radiation. It may be cured by providing, first, diet rich in calcium and phosphorus, second, plenty of direct sunshine or artificial ultra-violet rays, and third, ample amount of foods containing Vitamin D. Flabby muscles, distended abdomens, bowed legs and "pigeon breasts" may be signs of rickets but these conditions are not always caused by rickets, and diagnosis and treatment should always be in the hands of a physician. Numerous studies have been made showing the prevalence of rickets among artificially fed infants as compared with breast fed infants.

In the prevention of rickets it is well to bear in mind that the diet of the mother as well as the proper food and sunshine for the infant are important factors in the prevention of this disease. Cod liver oil is our most potent substance for the prevention and cure of rickets. It is advised by leading pediatricists that cod liver oil be administered under the physician's directions from the first week of the infant's life in order to avoid this disease and promote and maintain the optimal nutrition of the child.

The tremendous power of direct sunshine and artificial ultra-violet rays in acting upon the skin in the produc-

tion of Vitamin D is probably the most important discovery of recent scientific investigation. Daily exposure to the direct rays of the sun and administration of cod liver oil are the most effective means for preventing and combating rickets even of the most pernicious type. This treatment is particularly effective for infants and children during the winter months. Although foods are not high in Vitamin D, it is well to maintain an adequate diet in order that the sunshine and cod liver oil might function best.

**Vitamin E**, though little is known about it, seems to play an important function in the process of reproduction. It has a seemingly wide distribution among the foods and therefore

less attention is necessary to be given to securing foods containing it. It is widely found in whole grains, seeds, leafy vegetables and milk. Because of its high stability and prevalence little attention has been given to its study.

Although these five vitamins have been the only ones discovered thus far there are probably others that will be discovered in the future. Through the discovery of each vitamin, new vitamins have been found. It is only as the scientist brings new factors to light that the lay person is able intelligently to apply the knowledge to every day nutrition.

As a means of summarizing the practical knowledge regarding vitamins, the following table is offered:

VITAMINS	SOURCES	FUNCTIONS	STABILITY AND STORAGE
I. Vitamin A.	I. Milk, butter, cream, cheese, animal fats, eggs, cod liver oil, spinach, carrots, cabbage, lettuce, tomatoes, bananas, oranges.	I. Prevents and cures xerophthalmia, promotes growth, stimulates healthy reproduction, stimulates vitality, aids resistance to infection.	I. Quite stable but stability lowered by exposure to air; is stored in body tissues.
II. Vitamin B.	II. Milk, unpolished rice, cereals, legumes, yeast, leafy vegetables, potatoes, root vegetables, tomatoes, oranges, lemons, grapefruit, etc.	II. Prevents and cures beri-beri, stimulates the appetite, promotes growth, stimulates healthy reproduction, aids resistance to infection, strengthens the nervous system.	II. The most stable vitamin but is not stored in the body.
III. Vitamin C.	III. Milk, oranges, lemons, tomatoes, leafy vegetables, root vegetables, berries.	III. Prevents and cures scurvy, aids teeth calcification, promotes growth, is easily destroyed by heat.	III. Least stable; is stored in the body.
IV. Vitamin D.	IV. Milk, sunshine, cod liver oil, eggs, vegetables.	IV. Prevents and cures rickets, aids resistance to infection, promotes calcification of teeth.	IV. Quite stable in all conditions and is stored in the body.
V. Vitamin E.	V. Milk, whole wheat grain, seeds, leafy vegetables.	V. Stimulates healthy reproduction and fertility.	V. Very stable and is stored in the body.

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## A PLACE IN THE SUN

By MADELEIN G. REVELL, R.N.

IN a high Swiss valley, sheltered from northern winds by the mountains of the Tours d'Ai and of Mayen, lies the little village of Leysin and south of it rises the Dent du Midi, forming, with the Dents de Morcles, les Diablerets and the chain of Mont Blanc, a circle of mountains, which give to the plateau, upon which the village rests, a surpassing beauty. On every hand rise snow-capped peaks, the lower slopes clothed in pine and fir woods,

atmosphere, Leysin is blessed with an unusual degree of sunshine, and it is this combination of air and sunlight which makes it so peculiarly suited for the treatment of disease by heliotherapy.

The first clinic for the treatment of surgical tuberculosis by the direct rays of the sun was opened here by Dr. A. Rollier, in a simple little Swiss chalet as early as 1903. Living in Leysin, and coming often in contact with the



*From the original of a picture which hangs in the Administration Building*

while an occasional sloping meadow of brilliant green brings a feeling of relief to the mind overawed by the sublimity of those ethereal mountain tops.

Far below lies the Lake of Geneva and the Valley of the Rhone, the dark and sullen river mingling reluctantly with the limpid blue of the lake. In the Rhone Valley, not far from the meeting of these waters, stands the old town of Aigle. It is from Aigle that a cogwheel railway begins its ascent to Leysin, reaching it in forty minutes. Here, in this lofty village, at an altitude of 4,500 feet, high above the atmospheric "slime" of cities, the air is so rarefied that it is free from germs. In addition to this purity of

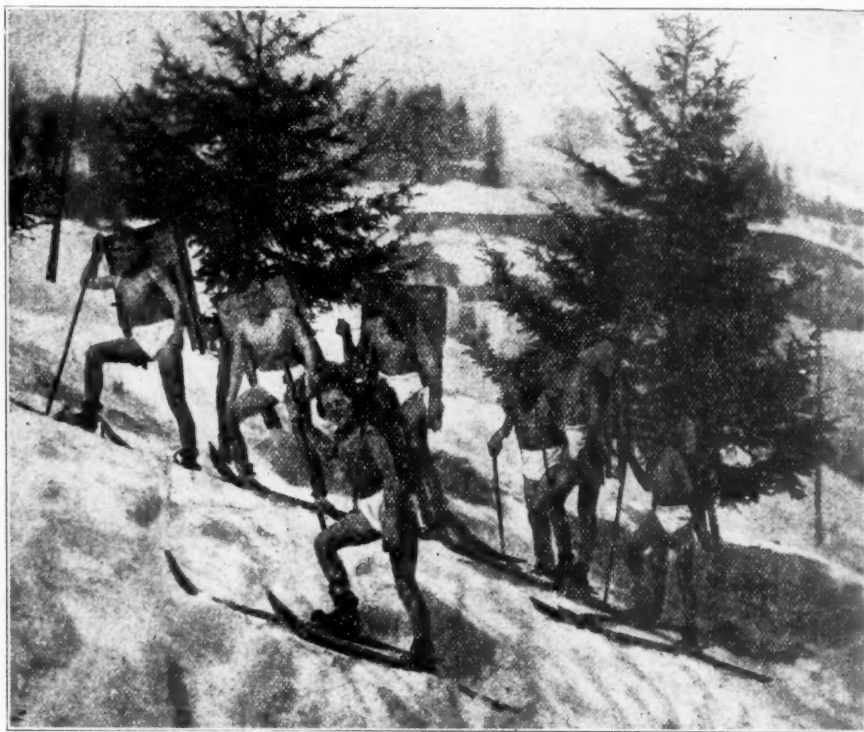
woodcutters in the surrounding forests, Dr. Rollier had been struck by the apparent indifference with which they treated the wounds made by axe and saw, which befell them, and yet the wounds healed, and healed quickly. From his observations he became convinced that the air and the sun were the chief contributory causes of recovery.

Combining this discovery with the already established theory of immobilization of the diseased part in cases of surgical tuberculosis, he met with astonishing success. Not only did the bone, or joint, or gland, improve under this treatment, but pain was lessened, and the whole body became healthy. Muscles which were weak and flabby

grew strong, the skin lost its delicacy of texture as well as of color, the proportion of red blood corpuscles increased, and the whole general tone of the patient was raised.

Undaunted by the skepticism of many of his own profession, Dr. Rollier continued to apply this theory in his work, sometimes achieving miraculous results. One day a boy, who seemed hopelessly crippled, and whose

other sanatoria. They range from simple houses to luxurious establishments, but the standard of care and of treatment is the same in all, though the scale of expense varies to suit even moderate purses. Though Dr. Rollier now has nine assistants, he, himself, visits each clinic and examines each individual case. Admirable laboratories, a radiography and a radiotherapy department are now estab-



*On the way to the School in the Sun*

case had been given up by other doctors, was brought to him. "If," they said, "you can cure this boy, we will believe there is something in your theory." Dr. Rollier took up the gage. At the end of a year, so great was the improvement in the boy's condition that there could no longer be any doubt of the efficacy of the treatment.

Steadily, year by year, even during the Great War, when many soldiers were treated at Leysin, the work has grown in volume and fame, so that now, besides the original clinic, in the little old chalet, there are thirty-seven

lished with the secretarial offices at Les Frenes, the principal clinic.

If on a sunny morning, you were to look up from the lower road of the village to these balconied houses, on the slope above, you might think they were inhabited by American Indians, so tanned have the patients become from lying out in the sun and air. You would notice, too, how carefully their heads are protected from the direct rays of the sun, and if, later in the day, you were fortunate enough to visit the clinics, as many of the nurses who attended the International Council

of Nurses in Geneva last July, were able to do, you would find how very slowly this entire exposure to the sun is brought about. Beginning with one foot, for five minutes on the first day, gradually the treatment is increased until the whole body is exposed. Careful thought is given also to diet, a liberal allowance of vegetables, fruit, and milk, with meat only once a day, being prescribed.

The patients, now numbering over one thousand, come from many countries, the flags of many nations flutter from the balconies, Swiss, French, German, Italian, Belgian, American, Spanish, Irish, English, even the standard of Scotland, and to talk with the patients one needs the gift of tongues.

As many months must elapse before a cure is effected, and as many of the patients are children, arrangements are made for primary education, so that they will not drop too far behind their old school fellows. They are also taught music and foreign languages and receive, as well, some manual training. The days pass quickly and happily for them. A common life is insisted upon for the children, but a child may be accompanied by his mother or other near relation, who lives under the same roof.

Encouraged by the excellent results obtained from heliotherapy in the treatment of his cases, Dr. Rollier has opened at Les Noisetier an institution for the prevention of tuberculosis, in children who are predisposed to tuberculosis, or anaemia, or are suffering from tracheobronchial adenopathy. It is known as The School in the Sun. It is held out of doors, the schoolroom varying with the direction of the wind, for, as no clothing save a loin cloth and a sun hat, and in winter overshoes, is worn, the little naked

bodies must have the sun in a sheltered place. In Leysin the girdle of mountains, and the general slope of the valley, ensure for it a maximum of sunlight with a minimum of wind.

Each morning the children carrying their light desks and chairs, seek their school room for the day and there pursue their studies and pass long hours in play. It is extraordinary to find them, even in mid-winter, carrying on this outdoor life, but we must remember, always, the absence of wind, and the fact that the sun, even in January, often registers 105° Fahrenheit. Hence the real need for sun hats.

For the older patients, there are courses of lectures at the sanatorium university. Concerts and amateur theatricals, in which those who are well enough take part, add interest and gayety to their lives. In 1909 a working settlement where basket weaving, wood carving, and kindred handicrafts are taught, was started. This is a real boon to many of the patients, as the remuneration they receive often enables them to prolong their stay at Leysin. Employment, as an aid to the general cure, is now an old story, but it was at Leysin that one of the first experiments in the work cure was successfully carried out.

Excellent graded paths wind through the neighboring woods and along the valley, with comfortable benches set in coigns of vantage along the way, where the patients can rest and enjoy enchanting views of woods, of sloping meadows, and of those "delectable mountains." To many a Mr. Valiant-of-Heart, who threads those ways, surely "help cometh from the hills." There he gathers new strength for his courageous, but no longer helpless battle, against that treacherous foe—Tuberculosis.

#### THERAPEUTIC, PROPHYLACTIC, AND SOCIAL VALUE OF HELIOTHERAPY

*Abstract from lecture by A. Rollier, M.D., given at Leysin to the nurses attending the International Council meeting*

It is well known that the gravity of a tuberculous affection depends not alone on the degree and extent of its anatomical lesions, but, above all, on the state of defense of the organism attacked. One must apply a general therapy, aiming first of all at the improvement of the whole condition, and combining with it a local treatment, which interferes in no way

with the indispensable rehabilitation of the whole organism. Heliotherapy adequately fulfils this double rôle.

The general sun bath, by dilating the capillaries, determines a flow of blood from the depths to the surface through the muscular layers; it stimulates and regularizes the circulation better than the best massages, and admirably restores the musculature. The tonic action manifests itself also on the thoracic and abdominal organs. It revives the appetite, stimulates the digestive functions and gives new life to the vital forces.

In endeavoring to develop the specific resistance of every patient it also became evident that manual occupation was a real therapeutic factor in the cure of tuberculosis; and we were thus led to recommend the work cure, strictly individualized as a general measure capable of rendering valuable aid, and the results have been every year more convincing. Besides its therapeutic and moral influence, the work cure offers to our poor patients a by no means negligible financial aid.

The morale of our patients is wonderfully sustained by the regular use of the sun bath. The brilliant sunlight, winter and summer, in the mountains, gives the patients all that profound and intimate satisfaction, which comes from the renewed activity of the faculties. This spiritual rebirth of the tuberculous patient on the mountains is undeniable; we see it every day. But the cure of surgical tuberculosis is but half the battle, and for this reason the after history of our old patients has been a constant source of anxiety. Too often, convalescents, and particularly those without means, return to unhealthy houses, workshops or factories. With this in our minds we started in 1903, in collaboration with Pastor Hoffet, the work colony, which enables our old patients to complete their cure and maintain their refound health at a very slight cost, which is partially covered by the product of the work.

The rôle of heliotherapy is not only curative. It has been proved that at the age of puberty 95 per cent of children have paid their tribute to tuberculosis. Experience has shown that there is no surer way of preventing this condition than the air and sun cure combined with rational exercise. We have carried out since 1900 this preventive heliotherapy in the School in the Sun at Cergnat, near Leysin. We hope to found in Switzerland a rational and systematic prophylaxis in the schools, not only in the open air schools, which are after all the exceptions, but also in all the orphanages, *crèches*, in the soldiers' barracks, in the cities and above all in the schools in general. We hope to provide an ideal opportunity of giving to the children under a common discipline an education in solar hygiene, from which they would benefit all their lives.

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We note from *The American Journal of Nursing* that the United States Supreme Court has declared eugenical sterilization constitutional. It is probable that many states will in future pass laws increasing the number of these operations. Already several states\* have such laws and it is not improbable that by 1929, 20 states will have them. The object of the law is of course purely to protect society from the offspring of persons likely to produce defective children. It will enable many people in asylums to return to home life. More than 6,000 persons have been sterilized, the great majority with their own consent. The technique of the operation in both male and female is being perfected and will prove, according to Leon F. Whitney, Field Secretary of the American Eugenics Society, "one of the kindest inventions of man."

\* California, Connecticut, Delaware, Idaho, Iowa, Kansas, Maine, Michigan, Nebraska, New Hampshire, North Dakota, Oregon, Virginia, Washington.

# TO INCREASE EFFECTIVENESS

By EDWARD A. LANE, M.D.

State Health Department, Massachusetts; School of Public Health, Harvard University

ATTENTION to the little things may spell the difference between failure and success but because little things *are* so little, they too often become merely taken for granted or consciously ignored as of no importance. Instead of running the job, it may happen that the job comes to run us and many essential details are either overlooked or crowded out. This is, of course, especially true when a nurse first enters the public health field and may indicate a lack of appreciation of the importance of some of these fundamentals in courses on public health nursing.

Although each individual performs his or her work best in his or her own way, attention to certain details of procedure may greatly strengthen an undertaking. It sounds trite but it is nevertheless true that many nurses do not have a definite aim and an intelligent program elastic enough to fit the needs of each community. Rather does there appear to be only a vague, hazy idea as to what it is all about and how it is to be done. I know of no better way to gain definiteness than to transfer one's ideas to paper. They can then in a sense talk back. Let the nurse plan as if she were going to continue the work indefinitely but work as if to-morrow were to be her last. The aim is essentially prevention; the means, largely educational.

## *Hints and Suggestions*

On a county basis with large area and limited personnel work must of necessity be rather extensive than intensive with the guiding principle, the greatest good to the greatest number. It becomes necessary, under such circumstances, to try to visualize communities rather than individuals. One community has as much right to the nurse's time and attention as another where they are of similar size. She

should, therefore, endeavor to introduce and carry on in each some phase of the general program appropriate to the season and local needs and conditions.

A nurse working alone is often permitted considerable freedom in shaping her program and putting it into execution. There is, however, usually some general guidance and supervision by the central or local health authorities and in instances where local nursing committees are involved well-intended but not always helpful advice is occasionally offered. Such situations as the latter kind will have to be met as diplomatically as possible. It may of course be that the advice is prompted by the nurse's own inability to initiate a sound program.

Where a nurse is associated with a local health department or unit, her activities, no matter how much latitude may be allowed her, should obviously be made to conform as closely as possible to the general program. This remark is especially called for in the case of small, rural organizations. It is occasionally difficult for a nurse who has been accustomed to working alone to fall in under someone's immediate direction and show good team work. It will not be necessary to add that implicit obedience and loyalty may reasonably be expected by the individual who shoulders the responsibility for the whole undertaking.

In undertaking any part of the program the nurse should:

- Know clearly and definitely what she is going to attempt.
- Plan and organize her efforts carefully.
- Push the project through to a definite conclusion.
- Put all the necessary records of the work accomplished into finished form for filing.

Too frequently work is carried on in piecemeal fashion. The nurse may not

see the woods for the trees. She is always busy, too busy in fact, but when the time comes to add up the results it may be difficult for her to point to any real advance made, any ground permanently gained and consolidated.

It is very easy in generalized nursing to slight work which for one reason or another is of no great personal interest or is somewhat more difficult to organize and carry on. One nurse may see nothing but babies; another may find school work quite easy and satisfying. Home visiting is comparatively easy and also, if properly done, very valuable, but for a wide area it is an expensive form of work both in time and money and may often be rather aimlessly carried on.

The following are some suggestions which may be found useful:

Keep a card index file to carry some such data as the following:

- a. Names and addresses of magistrates or other local civil officials by wards or districts.
  - b. School superintendents and principals or masters.
  - c. Chairmen of district school committees.
  - d. Parent-teacher associations with officers.
  - e. Directory of local physicians, listing specialties.
  - f. Dentists.
  - g. Clergymen by denominations.
  - h. Women's clubs with officers.
  - i. Civic organizations such as Chambers of Commerce, Rotary, Kiwanis, Lions, etc., with officers.
  - j. Home demonstration clubs.
  - k. Newspapers.
  - l. Moving picture houses.
  - m. Influential and interested individuals in the nursing district with special interest or type of available service.
  - n. Current files of prenatal cases, infant welfare cases, tuberculosis cases and suspects.
  - o. State institutions admitting individuals from the nursing district, with regulations governing admission.
  - p. Hospital facilities both local and at an accessible distance.
- Other data as they suggest themselves in different localities.

Keep a correspondence file with copies of all official correspondence.

Keep a suitable file for all record forms.

Have one or more maps showing the nursing district on a large enough scale to be used for spot maps. Such a graphic record of field work is an aid in formulating plans and schedules and is of interest to visitors.

Make a very simple study of the size, distribution and character of the population, as being helpful in planning the work intelligently. On entering a new field make personal contact as rapidly as possible with the individuals and organizations listed in the card index.

Arrange a schedule weekly in advance allowing time for emergency and special duties. Have definite hours for office and for field and be punctual. Plan routine work to avoid needless travel and make your time count to the best advantage.

Remember that school work is best carried on through periodic visits made regularly to each school. They may be made daily, weekly or monthly depending upon the number of schools, distance and available time.

Stress as much as possible the professional character of your work. You are a trained public health nurse; not merely a charity or social service worker. Do not, however, allow your enthusiasm to carry you beyond the bounds of a nurse's activities. For example, never let yourself be called upon to assume the responsibility for an exact and final diagnosis but refer all suspected cases and apparent physical defects to the proper medical authority. Also, never advise any *curative* measures or prescribe any treatment other than first aid and the care of minor skin conditions.

Make your advice and instructions definite and understandable but be sure that they are always scientifically sound and reasonable.

Permit emergency work such as may occur during an epidemic to take precedence for the time being over the routine work.

Remember that publicity of the proper sort is essential to maintain interest and sustain support. An occasional news story from one's personal experience with all identifying details omitted or masked makes good copy. Avoid extreme and personal publicity, striving rather to promote understanding of and interest in your work.

Endeavor by wise coöperation with the various local voluntary organizations to maintain their in-

terest and support. Do not promise too much and have definite agreements, preferably in writing, to avoid misunderstandings.

Seek cordial relations with local civic officials and the various branches of the local government. Avoid friction but maintain the integrity of your work. It must stand or fall on its own merits.

In your relations with the public avoid as you would the plague the slightest air of indifference or condescension. Always maintain a friendly but businesslike attitude in both office and field.

"What shall I do? What shall I do?"

So wailed the P.H. nurse.

"I cannot find, I cannot find,

A gift to fit my purse.

"I've searched the stores, yes, all the stores,

And still I have not found

A gift of worth and dignity

To last the whole year 'round."

Then suddenly and joyfully,

She spied this simple rhyme—

"Oh that's the thing, the magazine!

I hope my check's in time."

Her friend was pleased, Oh very pleased

With one whole year's subscription.

This magazine as a Christmas gift—

It beggars all description!



*This card reproduced in colors will accompany each Christmas gift subscription*

We have a list of interested nurses in foreign countries who will not see the magazine unless we make it possible for them. The Christmas season would surely be appropriate for such an expression of international good will. Have all your friends the pleasure of receiving the magazine each month? If so, why not arrange to extend your Christmas giving to include one or more foreign nurses?

Yearly subscription, if sent to non-members of the N.O.P.H.N., \$3.00; to members, \$2.00. Canadian and foreign postage, 50 cents extra.

# PUBLIC HEALTH NURSES IN MISSIONS

By M. CARTER ROBERTS

We make grateful acknowledgment to Miss Frances W. Cummings, Librarian of the Institute for Social and Religious Research, and assistant in compiling the *World Missionary Atlas*, for valuable assistance given us during the preparation of this material.

THE PUBLIC HEALTH NURSE has for some time been interested in discovering the extent to which public health nursing is being done by nurses under mission boards in foreign fields. In February of this year, accordingly, an inquiry was undertaken. Questionnaires were sent to:

- 25 American boards and societies.
- 20 English boards and societies.
- 4 Canadian boards.

These organizations were selected, after consultation with the Women's Board of Foreign Missions of North America, the Foreign Missions Conference of North America, Miss Nina Gage, President of the International Council of Nurses, and Miss Cora Simpson, Secretary of the Nurses' Association of China, from the *World Missionary Atlas*, in the Medical Section of which they were listed as giving medical and nursing visits in homes. Both denominational and non-denominational groups were included, and both Catholic and Protestant.

Of the American organizations queried 13 reported that public health nursing is being carried on under their supervision. Six reported that it is not, two answered incompletely, and four did not reply at all.

Of the Canadian boards, one reported that public health nursing is being carried on by its nurses, one that it is not, and two did not reply.

The English organizations reported 12 groups carrying on public health nursing and five not carrying it on. Three did not reply.

## *Special Training in Public Health*

There is little demand for special public health training among the American group, only one board specifying it as a requirement. In general

the standard for the American missionary nurse appeared to be the holding of a diploma from a Grade A training school, with a preference expressed for the nurse who has had several years' experience. Four boards, however, did not specifically demand that their nurses be graduates.

The one Canadian board replying required from one to three years' hospital training. This is hardly a representative quotation to make, only four Canadian boards having been queried.

The English boards replying all required a three years' training course and graduation and all but one stated that their nurses held Central Midwives Board diplomas, though without giving the latter as a requirement. There was no demand for special public health training.

In general in all three nationalities the number of nurses specifically prepared for public health work is a small per cent of those engaged in doing it.

## *Limitations of the Inquiry*

It must be understood that this report represents work done under *separate* boards entirely, exclusive of union work where two or more boards unite to support a piece of work. Unfortunately, however, we cannot lay claim to having covered completely all work done under separate boards. We discovered after instituting our inquiry that very few boards are acquainted with the details of nursing work in the field. In some cases the location of mission hospitals was all the information we were able to gather. Nurses with whom we discussed the question reported that this lack of understanding between board and nurses is very often existent and that it results in handicap to the nurses' work. In few cases was the term "public health

work " even understood by the mission board without explanation.

It must be borne in mind, too, that the figures given here represent only foreign nurses in the different countries, many of whom act only as teachers to the native students. A large proportion of boards replying reported that their home visiting was mostly done by native trained nurses, and that the foreign workers represented only a small proportion of that kind of work. Definite information as to the number of native nurses, however, could in no case be gotten from the boards in this country, which only advised that the question be sent on to the mission stations.

#### *Types of Work Done*

Of the American boards replying 13 listed the types of public health nursing which their workers do. The findings are as follows:

Maternity and Infant Welfare	11
Health Centers	6

Nursing in Homes	8
School Hygiene	10
Educational Work in Hygiene and Sanitation	10

The Canadian board replying did not check the types of work which its nurses do.

The English boards listed their types of work in 10 cases. They were as follows:

Maternity and Infant Welfare	10
Health Centers	4
Nursing in Homes	5
School Hygiene	6
Educational Work in Hygiene and Sanitation	7

It must be borne in mind that these figures mean only the numbers of boards whose nurses are doing the designated types of work, *not* the numbers of nurses engaged or the number of bases implied.

#### *Distribution of Nurses*

The distribution and nationalities of nurses doing public health work under missionary boards is shown as follows:

#### **NURSES LISTED AS ENGAGED IN PUBLIC HEALTH NURSING UNDER AMERICAN AND ENGLISH MISSION BOARDS OR SOCIETIES IN AFRICA**

All nurses give part time only, except those starred, who give full time

COUNTRY AND CITY (WHEN CITY WAS REPORTED)	AMERICAN NURSES	ENGLISH NURSES	COUNTRY AND CITY (WHEN CITY WAS REPORTED)	AMERICAN NURSES	ENGLISH NURSES
<b>Total in Africa</b> .....	<b>36</b>	<b>52</b>	Natal		
Abyssinia .....	4	..	Maritzburg .....	1	..
Anglo-Egyptian Sudan.	3	{ 3	Zululand .....	..	1
Angola (Benguella, Lipi District) .....	1*	{ 1*	Nigeria .....	..	6
Bechuanaland Protecto- rate .....	1	..	Nyasaland Protectorate	1*	{ 2*
Belgian Congo .....	2	..			{ 1
Kabongo .....	1	..	Sierra Leone		
Kapanga .....	1	..	Jama .....	2	..
Cape of Good Hope			Rotifunk .....	1	..
Plumstead .....	1	..	Southern Rhodesia		
Kenilworth .....	1	..	Bulawayo .....	1*	..
Egypt .....	4	4	Old Umtali .....	1*	..
Kenya Colony .....	3	3	Tanganyika Territory.	..	2
Liberia .....	4	..	Iramba .....	2	..
Morocco .....	..	1*	Uganda .....	..	{ 11
			Union of South Africa.	..	{ 1*
			Transvaal .....	1	10
					..

LOCATION NOT SPECI- FIED EXACTLY	AMERICAN NURSES	ENGLISH NURSES
Upper Nile .....	..	1
West Africa .....	..	5

## NURSES LISTED AS ENGAGED IN PUBLIC HEALTH WORK IN CHINA

All nurses give part time only, except those starred, who give full time

PROVINCE AND CITY (WHEN CITY WAS REPORTED)	AMERICAN NURSES	ENGLISH NURSES	PROVINCE AND CITY (WHEN CITY WAS REPORTED)	AMERICAN NURSES	ENGLISH NURSES
<b>Total in China</b> .....	<b>72</b>	<b>33</b>	Kiangsu . . . . .	1*	..
Anhui . . . . .	..	..	Nanking . . . . .	8	..
Wuhu . . . . .	2	..	Shanghai . . . . .	1	..
Chekiang . . . . .	..	6	Yenchang . . . . .	2	..
Chihli . . . . .	..	..	Kwangsi . . . . .	..	2
Peking . . . . .	2	..	Kwantung . . . . .	..	..
Shanhaikwan . . . . .	1	..	Hongkong . . . . .	2	..
Fukien . . . . .	..	11	Manchuria . . . . .	..	..
Yenping . . . . .	1	..	Changchun . . . . .	1*	..
Honan . . . . .	3	..	Shantung . . . . .	..	..
Hunan . . . . .	..	2	Tsinanfu . . . . .	5	..
Changsha . . . . .	2	..	Tsingtao . . . . .	1	..
Yochow City . . . . .	{ 3 }	..	Szechwan . . . . .	..	..
Shenchow . . . . .	{ 1* }	..	Tatsienlu . . . . .	1	..
Kiangsi . . . . .	3	..	Shanghai, Wuchang and	..	..
Kiukiang . . . . .	2	..	Zangzok † . . . . .	30	..
	PROVINCE NOT SPECIFIED	AMERICAN NURSES	ENGLISH NURSES		
	North China . . . . .	..	5		
	South China . . . . .	..	5		
	West China . . . . .	..	2		

† One American Board reports 30 nurses divided among these three cities.

## NURSES LISTED AS ENGAGED IN PUBLIC HEALTH NURSING UNDER AMERICAN MISSION BOARDS OR SOCIETIES IN CENTRAL AND SOUTH AMERICA AND WEST INDIES.

All nurses give part time only, except those starred, who give full time

All are American nurses, except where otherwise indicated

SOUTH AMERICA	NURSES
<b>Total</b> . . . . .	<b>22</b>
Argentina . . . . .	..
City not given . . . . .	1
Buenos Aires . . . . .	1
Entre Rios . . . . .	1
Bolivia . . . . .	..
La Paz . . . . .	4†
Brazil . . . . .	..
Sao Bernardo . . . . .	1
British Guiana . . . . .	..
Georgetown . . . . .	2*
Chile . . . . .	..
Chillan . . . . .	1
Pua . . . . .	1*
Santiago . . . . .	1
Peru . . . . .	..
Lima . . . . .	3*
CENTRAL AMERICA . . . . .	..
Nicaragua . . . . .	1
Panama . . . . .	1
Guatemala . . . . .	1
WEST INDIES . . . . .	..
Porto Rico . . . . .	2
Trinidad . . . . .	..
Port of Spain . . . . .	1

† 2 American nurses and 2 Canadian.

In Ceylon are only English nurses doing public health work, sent out by one English board. There are 10 in all, 7 doing part time and 3 full time public health work. In Colombo, Kandy and Badulla, which are outside their own districts, public health work has been organized by these nurses through the local Sunday School Leagues to be done with voluntary assistance.

In the Near East 2 English boards report a total of 12 part time public health nurses, working in Palestine in Nazareth and unspecified locations, and in Syria in Damascus.

In Persia one English board reports 10 nurses doing part time public health work.

In the Philippines 3 American boards maintain 7 part time public health nurses. Two American nurses are reported under one board in Honolulu.

From the Straits Settlement an American board reports 1 part time worker in Penang, and an English board 1 in Singapore.

An American board also reports one part time public health nurse in each of the following cities: Tokio, Bangkok and Constantinople. There is also

1 English nurse in public health work in South Formosa, belonging to Japan; the exact location is not known to us, however.

#### NURSES LISTED AS ENGAGED IN PUBLIC HEALTH NURSING IN INDIA

All nurses give part time only, except those starred, who give full time

PROVINCE AND CITY (WHEN CITY WAS REPORTED)	AMERICAN NURSES	ENGLISH NURSES	PROVINCE AND CITY (WHEN CITY WAS REPORTED)	AMERICAN NURSES	ENGLISH NURSES
<b>Total in India</b> .....	<b>22</b>	<b>51</b>	Madras		
Assam . . . . .	..	1	Godavery . . . . .	1	..
Bengal . . . . .	..	4	Guntur . . . . .	1	..
Calcutta . . . . .	1	..	Nuzvid . . . . .	1	..
Bihar and Orissa			Rajahmundry . . . . .	2	..
Chota Nagpur . . . . .		8	Mysore		
Bombay . . . . .	1*	..	Bangalore . . . . .	1	..
Lasalgon . . . . .	..	1*	Tinevelly . . . . .	..	1
Burma			Northwest Frontier		
Meiktila . . . . .	1	..	Province . . . . .	..	13
Rangoon . . . . .	..	2	Punjab		
Central India			Lahore . . . . .	..	7
Jhansi . . . . .	1	..	Rawal Pindi . . . . .	..	2
Nowgong . . . . .	2	..	United Provinces		
Central Provinces . . . . .	4	..	Fatehpur . . . . .	1	..
Madras . . . . .	..	6†	Lucknow . . . . .	1*	4
Chirala . . . . .	1	..	Mussoorie . . . . .	2	..
Dowlaiswaram . . . . .	1	..			
LOCATION NOT CLASSIFIED			AMERICAN NURSES	ENGLISH NURSES	
South India . . . . .			..	2	

† All are Canadian nurses.

#### SUMMARY

COUNTRY	AMERICAN BOARDS		ENGLISH BOARDS	
	No. REPRESENTED	No. OF NURSES EMPLOYED	No. REPRESENTED	No. OF NURSES EMPLOYED
Africa . . . . .	8	{ 32 } { 4* }	7	{ 47 } { 5*
Central America . . . .	2	3	..	..
Ceylon . . . . .	..	..	1	{ 7 } { 3*
China . . . . .	7	{ 69 } { 3* }	5	33
Hawaiian Islands . . .	1	2	..	..
India . . . . .	5	{ 20 } { 2* }	4†	{ 50‡ } { 1*
Japan . . . . .	1	1	1	1
Near East . . . . .	..	..	2	12
Persia . . . . .	..	..	1	10
Philippine Islands...	3	7	..	..
Siam . . . . .	1	1	..	..
South America . . . .	4	{ 6* } { 8 }	1†	2§
Straits Settlement . .	1	1	1	1
Turkey . . . . .	1	1	..	..
West Indies . . . . .	2	3	..	..
<b>Total</b> .....	<b>36</b>	<b>163</b>	<b>23</b>	<b>172</b>

\* Full time.

† One Canadian Board.

‡ Six Canadian nurses.

§ Two Canadian nurses.

## MENTAL HYGIENE: AN ATTEMPT AT A DEFINITION

FRANKWOOD E. WILLIAMS, M.D.

*Abstract of a speech\* at a dinner given by the Commonwealth Fund to a group of psychiatrists, psychologists and others interested in mental hygiene*

A definition is made from facts available at a given time and the concepts and implications of those facts. Facts have a way of being added to and concepts a way of growing, and so a thing is today not what it was yesterday. One hesitates to define, therefore, but for the sake of a momentary orientation that may be useful in itself, one attempts it.

In attempting to define mental hygiene, one must differentiate between (1) mental hygiene as an organized social movement and (2) mental hygiene as an art in the application of knowledge derived from certain basic sciences to the maintenance of individual mental health. In the latter sense, mental health should not be interpreted too narrowly as merely freedom from disease, but broadly in the sense of behavior and the ability to attain and maintain satisfactory human relationships.

Ability or lack of ability to maintain satisfactory human relationships will be determined by the potentialities of the individual for physical, intellectual, and emotional growth, on the one hand, and favorable opportunity for growth on the other. The mental hygienist is concerned with both aspects of the problem, but largely with the latter, although he will not fail to take cognizance of the former.

As an organized social movement, mental hygiene endeavors to draw attention to and stimulate interest in the importance of mental health and the tremendous social waste in mental illness and the relationship between mental illness and poor mental health and certain troublesome social problems such as delinquency, dependency, domestic difficulties, and industrial and social unrest.

As a movement, therefore, it con-

cerns itself with the study of the mental hygiene aspects of various social problems. It is interested in the adequacy of the conditions under which persons ill of mental disease are treated—having in mind the recovery and return to social usefulness of these people. It is concerned with the adequacy of care given by communities to those who are mentally defective—having in mind the training of those individuals for the degree of social usefulness of which they are capable.

These things can be accomplished only as there develops in any given community a body of intelligent and well-informed people willing and capable of making use of the knowledge gained by scientific workers in clinics and laboratories. And the amount that these people can accomplish is dependent upon the amount and accuracy of knowledge in circulation among people generally. An important part of the work of any mental hygiene organization, therefore, is the dissemination of information. . . .

The program of a mental hygiene organization must include many items that are not of themselves mental hygiene—the compilation and study of laws pertaining to the treatment of those ill of mental disease; the study of hospital organization and structural plan, and of types of community organization and administration, necessary as a preliminary to the organization of the community in such fashion as to make mental hygiene work possible.

Mental hygiene, like medicine, is an art—not a science. It is the application of knowledge gained from certain basic sciences to the problem of mental health, broadly interpreted. The basic sciences are the same as in medicine, but with special dependence upon those

\* Published in full in *Mental Hygiene*, July, 1927.

sciences concerned with the nervous and psychic system, such as neuroanatomy, neurophysiology, neuropathology, psychopathology (not psychiatry, which is a branch of the practice or art of medicine), and psychology. Its technique is derived from the techniques of medicine, psychiatry, psychology (as an art), education, and social case work. The same scientific principles obtain in the field of mental hygiene as in the basic sciences themselves, and again, as in the case of medicine, mental hygiene can be said to be scientific, although not in itself a science.

It is obvious, therefore, that the field is not a field for the amateur. It is a field for the expertly trained. On the other hand, it is a field too extensive to be occupied or preempted by any one professional group. There is no professional training given anywhere today that trains for the field as a whole. At the present time the field is one for cooperative effort on the part of psychiatrists, psychologists, educators, and social workers.

Emphasizing the expert nature of mental hygiene work is not to say that others have no place in the field. All who have to do with problems of human behavior have a place in mental hygiene. The nurse, the parent, the minister, the general practitioner of medicine, and, even more, the pediatrician, the lawyer, the criminologist—

in the last analysis it is through these that accomplishments will be made in mental hygiene. Leadership in the field must be an expert leadership, but accomplishment will depend upon the activities of the many who may claim no expertness, but who come to have a relative expertness, nevertheless.

We may not really be able to change human nature in its essence, but we can change what is commonly taken as human nature. For what is held as regrettable "human nature" and inalterable is not human nature at all, but a distorted and twisted representation and is alterable. We speak of people who are hard, who are mean, selfish, dishonest, tricksters, or of others who are soft, cowardly, sentimental. When these artificial things are worked away and the real nature of the individual is permitted to reveal itself, pessimism in regard to the inalterability of "human nature" and fear of the possible awfulness and danger inherent in "human nature" go with it.

We should not overestimate ourselves or our ability to solve some of these problems; neither should we underestimate ourselves. Nor should we be disturbed by the foolish. The job of the mental hygienist is to continue to gather facts, study them and correlate them, draw conclusions, and act upon them.

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Although the term "mental hygiene" has not yet been admitted to Webster's where, nevertheless, we do find "mental alienation," "mental healing," "mental philosophy" and "mental science," its origin is not novel. The *Mental Hygiene Bulletin* says that it appeared first in 1843, when it was used in the title of a book by William Sweetser called *Mental Hygiene: or an Examination of the Intellect and Passions*. It was used again in the title of a book by Isaac Ray in 1863 and still again in 1873 when D. A. Gorton published his *Essay on the Principles of Mental Hygiene*, and in 1907 when the National Committee for Mental Hygiene was projected and Dr. Adolf Meyer suggested it to express that organization's intended work, it was used simply to indicate the improvement of the care of the insane and the prevention of mental disorders.

## CHILD WELFARE IN A RUINED CITY

By MARY K. NELSON

American Hospital, Constantinople \*

IT was early afternoon one Sunday this April when the good ship "Pierre Loti" came very slowly into the beautiful harbor of Smyrna. The miles and miles of ruins that begin at the hills and end at the water front showed very white and spectral in the bright sunshine. On the hills that encircle the bay, the haze was the most delicate tint of blue. In the center of those ruins I pictured a building standing alone, the Baby Nest as they called it, and all my interests in this unfortunate city were centered on that spot where less than three months before

unexpectedly met with the proposition from the mayor, Aziz Bey, that the healthy sports and boys clubs he had planned to organize were to the mayor's mind, less urgent than the great need for better health for the babies of Smyrna! American fashion, Mr. J. rose to the occasion. Azime Reschid Hanun, a young Turkish woman, just back from two years social work study in the United States, was procured for a survey of health conditions and her beginning was at the Baby Nest. The careful detailed report of her findings when read to the



*Smyrna in Ruins*

I had found about seventy tiny tots struggling to live under most unhygienic conditions, even while the mayor of the city and a group of earnest citizens had formed themselves into a city welfare council, that they might procure better health and living conditions for the people of Smyrna.

Mr. J., the American welfare worker who had joined the officials several months earlier and had helped them organize a council, had been most

Council members caused a startling reaction. Immediately Mr. J. was requested by Aziz Bey to make an appeal to Admiral Bristol, the American High Commissioner in Constantinople, whose interest in child welfare was well known all over Turkey. My work with him in Constantinople had been a real joy, and it was my privilege to be asked by him to go down to Smyrna and help.

Imagine my surprise on arriving to

\* Miss Nelson is now in this country.

have the mayor pay me a visit of greeting! In the days that followed I was to watch with great interest this municipal executive who studied and practiced for his people the methods he found in recent American publications. In my frequent visits to his office, I never ceased to marvel as I watched the steady procession that seemed to turn the big room into a public thoroughfare. He had no private secretary, and he took few notes, yet he seemed able to carry on from three to five interviews at one time. Always tapping his desk as if in time to his thoughts, he would leave one person with some poser of a question

to illustrate my recommendations, were taken on the spot and the very next day work began.

I found myself in an entirely different atmosphere when I got back to Constantinople. It was with great difficulty and delay that I finally succeeded in helping one of our Turkish graduates from the American Hospital School to get a release from the welfare work she was doing there. Only I realized the discouragements involved for this nurse, Hydayet Shukri Hanum, in the recommendations I had made. My present anxiety would have been a little lessened if I had received her last letter from



*Unable to hold up their heads except in deep shadow (see opposite page)*

to think out, while he, in the same soft friendly voice, would turn back to one previously seen or on to the next in line. As days passed and I spent more and more time in that same place I saw how he neither overlooked details nor worked at the disadvantage one would expect.

One morning I had a great surprise; I had suggested that the wise way to begin a child welfare program with so few workers was to put on a very good demonstration, and in the meanwhile be getting workers prepared. This Baby Nest could be changed from a menace into a real center for health. My crude pencil plans brought only

Smyrna telling how during the second month another one of our Turkish graduates, Semiha Galib, had left her hospital work to join Hydayet Shukri at the Baby Nest. And here I was coming back, hoping to give that help and encouragement which no letters can carry. Was it any wonder that my thoughts, as we steamed along the Anatolian coast, had been dwelling on those days in January, and that I was impatient to get through the tantalizing Turkish formalities of landing?

In the formidable little grey craft approaching us I recognized, in the one unofficial person aboard, my good friend Mr. J. Consequently, for me,

getting the passport stamped was a very different procedure than it was for my fellow travelers. They while waiting were entertained by Mr. J.'s enthusiastic description of the first Children's Day in Smyrna which had been most successfully carried out three days before. His only reply to my enquiries regarding our demonstration was "Wait until you see it," and added quickly, "Aziz Bey wants you for another job this time. The Council has decided that if Smyrna is to have nurses like the ones who have come from Constantinople, there must

did. Compare the two pictures. Would you believe they were the same children?

To find both of our graduates so happy in this uphill task was the greatest pleasure, and before they had time to tell me, I realized what the advice and help of Dr. Fatma Reschid had meant. Even though her appointment was at the municipal hospital, her friendly interest had been their mainstay. Her medical studies in the United States had given her a different appreciation of the value of what these two nurses were undertaking. A group



*The same children able, on Miss Nelson's second visit, to look toward the sun*

be a school here like the one there, and they count on your helping with that, just as you did with the Welfare Demonstration which is going so well."

A very happy Hydayet Shukri waiting on the pier hurried me into a slow-going *araba* which brought us to the gate of the Baby Nest, and there stood Semiha Galib, just as happy, while swarming about her were twenty odd happy little toddlers, very different looking tots from those I had left at that same gate such a short time before. The pictures will show how this group in January had to stand in the shade and even there could not hold up their heads. I couldn't wait to gather them in the garden in the bright sunshine and have them all look straight into the camera which they

of women at the International College had also proved themselves good friends in this time of real need and their first contribution of garments had been followed promptly by more supplies from other groups of Turkish women.

But I have left Hydayet Shukri and Semiha Galib in the garden that Sunday afternoon. They were there only long enough to comply with my excited request for the pictures, for they wanted to be with me when I found the fifty other tots, many of them under a month old. The big sunny room on the upper floor where they now were, was in January used as a drying room. But what brought tears of joy to my own eyes, was to find all with clean *well* eyes, for I had not seen

one pair three months before! The model milk kitchen on that same floor was the big innovation and was to have been shown first; the adjoining bath was a close second in interest to visitors. Downstairs the kindergarten, and outside the garden and new playground, showed how Azime Reschid was putting into use what she had seen and learned in the States. In fact as I went from one big surprise to another the actual realization of those January suggestions seemed phenomenal and more like a dream come true.

However, I was not left long just to enjoy it all. There was a ring at the gate and the familiar voice of Mr. J. calling "If you haven't seen the laundry, let it wait till tomorrow, we must go now to talk over plans for the new school." For the next hour with Dr. Fatma Reschid at the Municipal Hospital we discussed the ways and means by which some day Smyrna could have a Nursing School with

standards similar to those maintained by the American Hospital School in Constantinople. Mr. J. assured us that the members of the committee as well as Aziz Bey appreciated the value of those standards. And his assertion was verified the next day at the long earnest council meeting where the members listened attentively to my explanation of all that was involved in such an educational project. Their decision that the time necessary to consider all details should be allowed was the best proof of their sense of responsibility.

On leaving Smyrna a few days later, my thoughts were very different from the Sunday before; I was looking ahead with confidence to the day when this city will be able to contribute greatly to nursing in that country where the new health programs are being planned, and the part that public health nursing has to play in them is such an important one.

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To the November number of *The Forum* our good friend Professor C.-E. A. Winslow contributes "Public Health Nursing—An Old Name for a New Profession." It is needless to say that here we find succinctly presented the history and present day status of this branch of our profession. In it Professor Winslow expresses the not unreasonable hope that "our prosperous land may approximate the ideal of one generalized nurse for every two thousand people in a time not too remote." We give the picture Professor Winslow draws in his concluding paragraph:

In each significant age of the world's history, there has been some one dominant figure which has typified in a peculiar way the interest of the time and its special contribution to that sum of experience which makes up the heritage of civilization. The philosopher of Athens, the lawgiver of Rome, the feudal knight of Normandy, the cathedral builder of the Isle de France, the painter of Florence, and the poet of Elizabethan England, stand forth against the background of the centuries as such representative personalities. When our own time is appraised with the long view of history, the gray-clad nurse, with the cross upon her arm, climbing the stairs of the city tenement or trudging through the snow to a farm on some remote hillside, may, perhaps, prove the symbolic figure of a century in which the results of a new science of healing were applied in a new and universal fashion to promote the well-being of mankind.

## "BON JOUR MADEMOISELLE"

BY FRANCES FELL, R.N.

Visiting Nurse Association of Detroit, Michigan

**T**INKLE, tinkle, tinkle clearly rang the shining important little bell hanging over the doorway of the tiny grocery store to announce the arrival of the visiting nurse. As the last tinkle ended and the door was closed, a short fat man snugly buttoned into a faded red sweater, arose from behind a counter where he had been arranging packages of groceries. At the sight of the nurse, his face became radiant. "Bon jour, Mademoiselle Nurse. Madam will be pleased to see you so early this morning. I will shake the stove—it is a windy day—perhaps it will snow."

While talking, he was leading the way up half a dozen steps into the back living rooms. There in a huge brass bed of an elaborate design (a memento of more prosperous days) in the room generally used for a sitting room, lay Madam Benoit, a large rosy-cheeked French woman, modern enough to have bobbed hair, but always carefully concealing it under muslin caps of various brilliant hues.

For two weeks the visiting nurse had been giving bedside care to this patient who had slipped on the freshly scrubbed kitchen floor and suffered a compound fracture of the femur. The doctor had urged immediate hospitalization, but Madam had begged to remain at home, because their meager savings would not permit a lengthy stay in the hospital. Furthermore, she explained that Paul, her husband, could never manage the store without her assistance and daily instructions. Paul's memory was so poor—the breadman was constantly leaving the stale loaves when she was not there, and agents could sell Paul such impossible articles that later proved difficult to dispose of.

The doctor was unable to remain immune to such an ardent plea especially when it was sprinkled with Madam's tears—of pain as well as

anxiety. Accordingly he put on a temporary splint and made arrangements for an X-ray picture, besides telephoning for a visiting nurse.

Two months is a long time to remain in bed with a leg in a heavy cast, and although Madam was of a cheerful disposition and passed part of the time reading with great appreciation the French books one of the neighbors brought to her from the Public Library, still, occasionally the nurse could discern evidences of recent tears. It was on these occasions that she would describe with great enthusiasm the appearance of the latest baby which had arrived in the neighborhood. Madam's interest was at once aroused and she would call the details in French to Paul, down in the store. "A new baby today—nine pounds—the nurse says, five sisters in the family; so nice, isn't it, Paul? The nurse looks tired. Three babies and three mamas to care for this morning! It is too much work, heat her a cup of milk, it will rest her."

If the nurse had refused to drink the milk, Madam's feelings would have been deeply hurt, because she enjoyed dispensing hospitality.

At last the end of the nurse's calls drew near, for the doctor left word that Madam could sit up in a chair. Her daughter-in-law came for a month's visit and she would see that Madam was comfortable. However, Madam protested that she would miss the nurse's visits so much and expressed her gratitude for the care she had received so eloquently, that the nurse promised to call on her occasionally when she was in the neighborhood. Many a time since then on discouraging days, the nurse has opened the tinkling door, and called "Bon jour Madam"—and heard from all sides voices still full of gratitude and welcome: "Bon jour Mademoiselle! Entrez, entrez!"

# SOCIAL SERVICE WORK IN A RURAL HEALTH DEPARTMENT

BY MARY BEDFORD, R.N.

Gibson County Health Department, Trenton, Tennessee.

Third of a series of articles on public health nursing in county units

**S**Ocial service work as carried on by a County Health Unit is of value only in counties having no definitely organized social service program and obviously it must be limited in scope as the nurse cannot afford to take too much time from her other duties. She must carry on her regular duties as a public health nurse and at the same time handle her social problems. This, of course, at times is not easy but it can be done and frequently is the wedge by which the nurse enters the home or community.

A full time health unit began work in Gibson County in the fall of 1922. The program was for general health work, most of which was rural. The work as outlined in the office seemed quite wonderful. A very definite plan was made for every month of the year. The nurse had but to close her eyes to see little sick babies blossoming into husky youngsters; every defect in every school child corrected at once; and hundreds of people crowding in for the typhoid and diphtheria inoculations. It was a beautiful dream and seemed so easy, but, as every public health nurse knows, it takes years of constant work taxing every resource, even to begin to realize her dreams.

## *Choosing the Spectacular*

She must do something that the people can see. The infant death rate may be cut 25 per cent, the typhoid cases may be reduced 50 per cent, the number of diphtheria cases may be greatly reduced; still there will be some skeptic who will say, "Well they might not have died anyway."

In Gibson County the health officer and the nurse decided to put on a campaign to locate and examine all crippled school and preschool children. The first step was to secure the cooperation of the near-by hospitals, ortho-

pedic surgeons and pediatricians. The Rotary Club, the Elks, the Red Cross, Missionary circles and Sunday School classes were asked to help financially. This was of two-fold value; it helped us and it made these organizations more interested in our work.

After the cases were located the nurse visited the homes and as best she could explained the situation to the parents, telling them of the benefits to the child and the community that would be found by proper treatment, and showing them the grave mistake of allowing such cases to go on untreated. This task often required several visits and was sometimes very discouraging work, but persistence usually brought results. After the consent of the parents had been secured and everything else was ready we had to work out the financial part of the program. It was necessary to exercise great care in financially aiding these cases. They could not be pauperized and still they could not go without care. A thorough investigation was made by consulting the magistrate and the family physician. In every case the parents were urged to assume the responsibility as far as possible, sometimes by arranging a loan for them which they pay back as they can. Every crippled child in the county was visited and given the opportunity of this service.

One very touching case was a little seven-year-old boy with tuberculosis of the knee. The parents had been told by someone that it was criminal to let "them doctors cut on the pore little thing," so they had tried chiropractic and other such things, and the child grew worse year by year. The Epworth League gave money for braces and train fare to Memphis, and after several months in the Crippled Children's Hospital, the child returned home

wonderfully improved. Another case was a little boy twelve years of age who had been crippled from the age of two. He had to be carried to and from school in a little wagon and could not walk except on all fours. His parents were very poor tenant farmers and had several children. The Red Cross financed this case. Due to the child's age he could not be made entirely straight, but at least the progress of the disease was checked and the child came home walking without the aid of crutches.

Besides the crippled children, the service has been extended to other types of cases. A little girl was brought to the office one day and we examined her and found that she was practically blind. She was taken to a specialist who examined her and stated that her trouble was the result of a deficiency in diet. The mother knew nothing about the proper preparation of food, so it fell to the lot of the nurse to teach her to cook vegetables properly. A neighbor loaned them a cow so that there would be milk and butter. After about three months' time one could hardly believe that it was the same child.

Another case was found in a miserable little two-room unscreened house. The mother had been very ill since the birth of her child four months previously and there were five other children. The eldest was ten years old and it was she who had the sole responsibility of her mother and the malnourished infant. Beside the members of the family there were in this household millions of flies and quite a little flock of bed-bugs. The husband was the shiftless ignorant type of man that one would expect to find attached to a family of this kind. What could a nurse with her usual line of advice and suggestions do in a house like that? Something must be done. There was no money, no one to do the necessary work, no social service agency to call in, so a neighbor was asked to donate a home made kiddie koop (made at the direction of the Health Depart-

ment); a furniture store gave a mattress for the baby, and the Red Cross bought other necessary articles for mother and baby. The baby was put on the proper formula and the mother was given care until she was able to travel, when she was sent to a hospital for a much needed operation. Many similar cases could be described but I shall only give these few as examples.

We realize that this is not public health work in the strictest sense but it is work that must be done by someone and it helps the nurse to win the confidence of the people in the community, to let them know that she is really their friend and is definitely interested in their welfare. Then when she goes into the schools for her routine work the people are more responsive.

This work is also a help in getting our appropriations from the County Court each year. It is sometimes difficult to convince these magistrates that typhoid inoculations are a real help or that a well baby clinic does much good except to keep the mothers out of the cotton patch for a half-day, but a crippled child made straight; a blind child made to see; food, clothes, and work obtained for a needy family will open the hearts and pocketbooks of the people so that our real health work may be carried on. At the end of our second year's work we talked to the magistrates and had a statement signed by the members of the County Medical Society recommending the work, but still some of the members of the court were against us, saying that the work was not worth the money. As a last resort six of our boys who had been cripples were brought to the meeting. There were some tears shed, a few words spoken, and the appropriation was voted with only one dissenting vote out of fifty-eight.

We are now starting on our sixth year's work and we feel that the social service work that we have done has helped us more than anything else to secure the good graces of most of the people.

# EDUCATION IN ACCIDENT PREVENTION

*The Work of the Education Division of the National Safety Council*

BY FLORENCE NELSON

Editor *Safety Education*, National Safety Council

THE public health nurse is confronted daily with the facts of our national accident problem. She, perhaps better than any other community agent, realizes how largely ignorance and carelessness are responsible for the yearly sacrifice of 85,000 lives in accidents and the countless thousands of serious injuries which result in life-long suffering. The alarming increase in automobile fatalities has focused public attention on the need for education in accident prevention and an organized campaign to reduce the hazards of our streets and highways. It is not generally realized, however, that an equally serious problem exists in our homes where as many people are killed by accident each year as meet their deaths on the streets. Slippery floors, broken stair treads, misplaced objects, rocking-chair step-ladders, faulty gas and electrical equipment, and many other hazards of the disordered home compete very successfully with the automobile in causing this great waste of human life. Each year 20,000 children are killed in both street and home accidents through the heedlessness or ignorance of parents, or because they have not had the training in safe habits which is the best insurance against the hazards of our rapidly moving modern life.

What can be accomplished by education in accident prevention has already been clearly demonstrated by the National Safety Council through its activities in the industrial field, in problems of public safety, and recently in its safety education work in the schools. In fact, it may be said that in this provision of safety training for children lies the greatest hope of the safety movement.

In beginning this training the problem was to show that safety education

might be established in the curriculum on the same basis as, for instance, health education; that it might be introduced not as a separate subject, but in correlation with other subjects in the local course of study; that its intro-



duction would require no extra teachers, and would bring no extra strain on the curriculum. There was the further problem of demonstrating that what at first thought seems a dry and negative subject, might be developed in a positive and imaginative way and have vital interest for children.

Today safety education is required by law in 14 states and is incorporated in the courses of study in 275 cities. Some 25 school systems have prepared and published separate courses of study in safety education.

An immediate and striking result of safety education has been to reduce the accident rate to children of school age in the cities where it has been systematically and thoroughly incorporated into the school system. Illustrations of this are found in the records of the following cities:

Detroit. Motor fatalities to children, based on school registration, have been cut 60 per cent.

Springfield (Massachusetts). The first year of city-wide safety instruction showed a reduction from 10 accidental deaths to children of school age the preceding year to

2, while the deaths of children of pre-school age increased.

Louisville. Traffic fatalities to children of school age the year preceding the introduction of safety teaching were 23, falling the next year to 14, the following year to 8, and the record for the past year was 7.

These figures are all the more remarkable when the increase in automobile registration is considered. When such results are not only possible, but have been actually achieved, there is little room for skepticism as to the value of safety instruction as a means of saving life.

An important activity of the National Safety Council's Education Division is the preparation of lesson material which will be of definite help to the teacher; also it has to offer to schools "Safety Education, a Magazine of the Good Adventure," which brings to the teacher each month fresh teaching material in the form of lesson plans, plays, special articles, stories and verse. A number of plays on safety by authors of recognized ability are also published by the Council.

One of the happiest outcomes of safety training in the schools is the carrying over of many of the lessons into homes which would be reached in no other way. In one city the fathers and mothers became members of a school organization known as the Safety Tribe. One little red-headed boy seriously told his teacher, "My mother is lots more careful since she joined." Many youngsters whose safety instruction has included such projects as "How Can We Protect Our Homes Against Fire?" have carried their lessons home and literally

worked a reform in the entire household. A small colored boy was one of a class in Springfield, Massachusetts, that worked out a project in fire prevention. Among other things the class made a trip to a fire station, and were taken to a fire alarm box and taught to ring an alarm. A few months later a fire broke out in the kitchen of the small boy's home. His mother lost her head and stood in the



middle of the floor crying. The boy ran out and rang in an alarm, waited for the fire engines to come, and directed them to his home. The next day his father told the principal of the school that the action of the boy was undoubtedly all that saved his home from burning, a home that represented his entire savings.

The effectiveness of the safety instruction in the modern school lies in the fact that children are being taught to know the positive values of safety. They are being taught to face the hazards of our busy lives intelligently and fearlessly.

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- Series of Home Safety Lessons.* Published by the National Safety Council, 108 E. Ohio Street, Chicago, Illinois.
- Safety-ize.* Contains valuable information in the prevention of accidents in the home. Price 10 cents.

# DISTRICT NURSING IN THE VIRGIN ISLANDS

By JENNIE M. JASON

Reserve Nurse, United States Navy

The Virgin Islands, while being under the care of the Navy, are not strictly under naval rule. The Navy works in conjunction with the people of the Islands in making laws, an officer of the Navy being appointed by the President as Governor. The hospitals and all sanitation come under the supervision of the Medical Department of the Navy. The Sanitation Department is also in the charge of a naval medical officer and if any condition is found needing attention from this department, it must be reported to him.

Navy doctors and nurses are sent to these islands for regular periods. While on such a tour of duty, however, the nurses do not live in Government quarters as they do in the States, but are allowed subsistence money with which to rent houses for themselves. Thus they can have an agreeable home life. They enjoy a delightful social existence too. The white people of these islands are very friendly and always welcome them and as it happens that there quite a number of Navy families there, there is no lack of diversion. Picnics, especially moonlight picnics, swimming and riding are the nurses' usual outdoor recreations.

The two principal islands of the Virgin group are St. Thomas and St. Croix. St. Thomas, the smaller of the two, has the largest sea port where most of its population is centered, Charlotte Amalie, commonly known as St. Thomas. St. Croix has a scattered population, it being an agricultural island producing a great deal of sugar cane. It has two towns, Christiansted and Frederiksted, both near the sea, but neither one has a harbor to compare with St. Thomas.

Each of these three towns has a Municipal Hospital and each, under the supervision and care of the Navy

doctors and nurses maintains a training school for the colored natives. These training schools are managed just as the training schools in the States. A three-year course is required. The graduates do private duty or obtain positions as school nurses under the supervision of the Red Cross activities in the islands. Several are always retained in the Municipal Hospital for ward duty. Many come to the States and find work in hospitals here. The arranging of classes, the teaching of practical work besides the supervision and care of patients are all done by the Navy Medical personnel.

This work in the Municipal Hospitals of the Virgin Islands is entirely different from the duties of nurses in Naval Hospitals. That is a new field and, for a nurse who has been in the Navy some time, offers a wonderful experience.

The District Welfare Nursing during my stay in the islands included:

Care of the children at their schools.

Home visits.

Clinics at the hospital.

Weekly visits to the leper colony and the hospital for mental cases.

An antique Ford, a gift of the Red Cross and equipped by the Municipal Hospital, served the nurses as a conveyance.

Having arrived I soon understood the reason why the country to which I had come is called the Garden of the West Indies. I was enchanted with its beauty and charmed with the pretty names of the villages—Little Princess, Jockey Market, Morning Star, Orange Grove, Diamond and Ruby, Barren Spot, Upper and Lower Love, Sally's Fancy and LaGrange. At the last named, by the way, lies the body of Rachel Lavine, the mother of Alexander Hamilton. When my duties

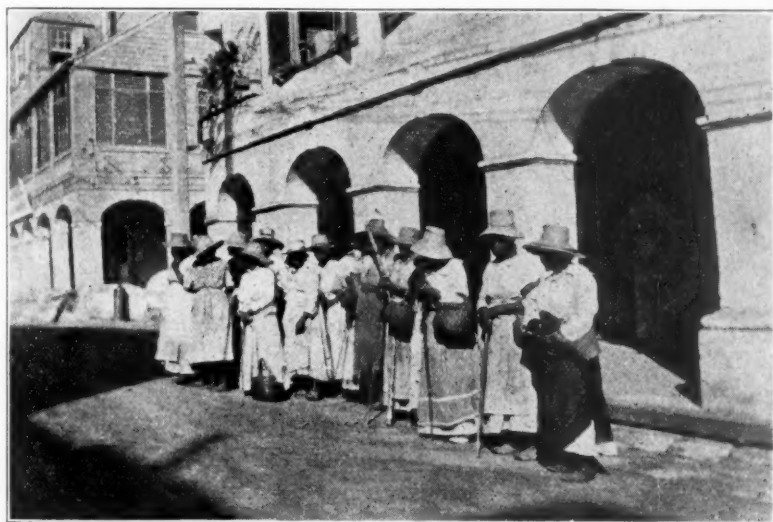
began I found that in the ordinary course of my work I went about among masses of fragrant tropical flowers, through the shade of the cocoanut and mango trees. There were the rosy hibiscus, the bamboo trees like green ostrich plumes, the royal palms, slim and straight, the sugar cane rustling in the wind and shining in the sun, and there was the Caribbean.

The people, I learned, were simple folk—kind, appreciative and eager to learn. They were acquainted with our work, too, for the nurses who had preceded me had left kindly recollections with them. Accompanied by a native graduate nurse, we would proceed on

sleeping under the bed. That article of furniture, by the way, is nearly always a "four poster" and almost every hut boasts of one although it may be devoid of any other furniture.

It is interesting to know that the children are in a way family caretakers, for at the school when the Navy nurse and her assistant arrived, they always entered immediate pleas for "pills for my mother," "salts for my father," "wintergreen for my grandma," "castor oil for my uncle" and so forth.

During sugar grinding season, we made our visits to the sugar fields. There, eye trouble, patients suffering from elephantiasis and dysentery are



*Market day, St. Croix, showing store where Alexander Hamilton worked as a boy*

our daily rounds. At the sound of the horn the children would come running out ready for their treatment and, while some were soaking their infected chigger toes, sitting on the steps, others would be having their eyes treated. The torturous blue stone was frequently used on the inflamed lid of the trachoma cases. We always marveled at the array of stiff bright gingham and at the clean little faces, for many of the boys and girls had come from little huts that can hardly be termed homes. In one such dwelling, we found that five little ones were

all common. We always made sure that our castor oil and paregoric bottles were filled when we started out, as these were used extensively for children and adults. There were still a few natives, however, who would not submit to treatment and forgetting that "cleanliness is next to godliness," stubbornly refused all care except the so-called "laying on of hands."

The native mothers, ever eager to express their gratitude for help, would sometimes save an egg for "Miss Jase"—an egg needed much by them, as was evident from their own under-

fed appearance. It was difficult, indeed, to persuade them of this but sometimes I could induce them to save the gift for the little ones whom they always had in astonishing abundance. One quite young native woman, for instance, was looking forward in pleasant anticipation to her fourteenth. Names too, as well as advice, I had to supply to these mothers, and though the last names in the family might

seemed to me especially deserving of attention. From previous instructions the natives were alert for symptoms, and headache, dizziness or swelling was always reported with great alacrity to the doctor or nurse. They showed, too, great respect, almost reverence, for the clinics. The poor would walk miles and miles to attend them while the more fortunate came in state in their donkey carts.

All venereal cases were reported to the sanitary department, which in turn referred them to the clinics for treatment. If the patients then failed to report they were summoned to court and fined, a severe punishment for people who had so little money.

During my stay in the Virgin Islands, one hurricane occurred. The natives considered it slight, but it seemed very severe to me. The trees were uprooted, proud stately palms were bent and several villages damaged. We were warned of the approaching hurricane at about 10 a.m., storm signals were prominent and the wind rose about 3 p.m. By 9 o'clock the fury of the gale was so intense that one could not hear voices across a room. When the wind moderated about 4 p.m. torrential rain fell for about two days, causing floods. The morning after the storm we were notified by our Commanding Officer that our duty included first aid treatment to the many men, women and children who had been injured. At once Navy nurses and doctors set out and covered the entire island. Many of the victims suffered principally from fright; (I was terrified myself, ascending Parasol Hill) and after stimulants were given, they smiled and said "Tank God."

While my journey home was filled with many pleasant memories of my stay in the tropics there were also more serious ones, memories of well-trained native nurses, of competent care given to children, of aid administered to mothers, of relief given to patients suffering from the terrible tropical diseases, of the laboratory service and the care given the children in the schools.



*Waiting for the Nurse's Visit*

differ, happy indeed was the parent when a beautiful title like Washington was reserved for her ninth or tenth child. They lived principally on fish, tropical fruit and corn meal mush called fungi. They worked for a mere pittance, sometimes for as little as thirty cents a day.

A large native midwife usually cared for the children while their parents worked in the fields. She could be seen daily awaiting the arrival of the hospital chariot with ten or twelve babies. Solicitous for their welfare, she did not let one symptom escape her eagle eye. She was always dressed in bright stiff gingham, a bandana of plaid and a large straw hat. (The bandana is worn to keep the "jumbies," or evil spirit away.)

Among the many interesting features of the place the prenatal work

# THE COÖRDINATED NURSING SERVICE OF SAVANNAH, GEORGIA

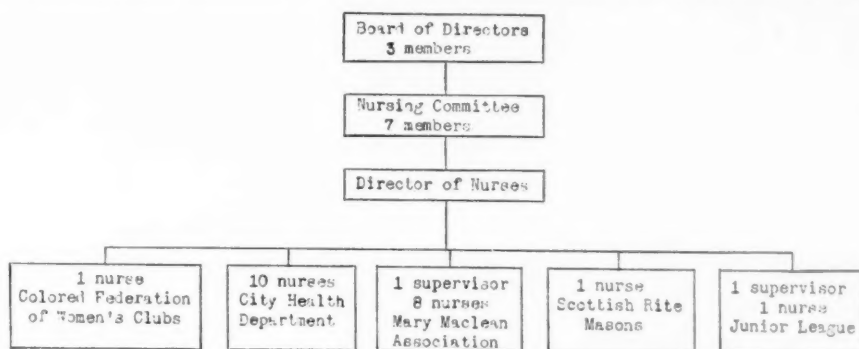
BY ANN M. HELLNER  
Director of Nurses

The twelfth of the series on Amalgamation or Federation of Public Health Nursing Services: Evansville, Indiana, June, 1925; Dayton, Ohio, October, 1925; Akron, Ohio, December, 1925; Charleston, West Virginia, February, 1926; Nashville, Tennessee, March, 1926; Charleston, South Carolina, June, 1926; Columbus, Ohio, September, 1926; Louisville, Kentucky, October, 1926; Charlotte, North Carolina, November, 1926; York, Pennsylvania, February, 1927; New Haven, Connecticut, April, 1927.

WE have had in Savannah, since November 1, 1925, an amalgamation of all the public and private agencies except the Tuberculosis Association. The City Health Department employs ten nurses, the Mary Maclean Association (originally a Circle of The King's Daughters) employs eight nurses and a supervisor, the Junior League, one nurse and a supervisor, the Scottish Rite Masons, one nurse,

Health Center, the Chairman of the City Health Committee, and one other. The Health Center represents all the health agencies except the City Health Department. The President is an elective officer. The Chairman of the City Health Committee is appointed by the mayor and is always the physician member of the Aldermanic Board.

The Nursing Committee consists of seven members, each of the five organ-



the Colored Federation of Women's Clubs, one nurse. The Director, formerly an employee of the City Health Department, is a joint employee paid by all agencies. In the beginning the general feeling was that the amalgamation was an experiment of doubtful outcome. A protecting clause was inserted into the by-laws stating that with the presentation of just cause or causes to the Board of Directors, an agency member could withdraw from the amalgamation upon sixty days' notice.

The Board of Directors consists of three members, the President of the

organizations electing one person to represent them in all matters pertaining to the nursing service. The chief of the clinic staff and the physician of the County Board are also members. Consultation service is given to the two nurses of Chatham County.

The program is a generalized one with each nurse assigned to a district. There are 20 field nurses, one-half of whom are colored. Free clinic service is also assumed by the member agencies and manned by the staff. There is still no school nursing being done here. The program includes:

Bedside care to those ill,

Prenatal instruction in homes and classes.

Postnatal care.

Infant welfare in homes and well baby stations.

Communicable disease control.

Kindergarten inspection.

Follow-up of school children referred by nutritionist.

Preschool clinic examination and follow-up.

Clinic service for both colored and white.

The Tuberculosis Association, which, as stated above, has not directly entered into the amalgamation, conducts the free clinics for the tuberculosis patients, makes the home visits to patients and contacts, and conducts a fresh air unit for five or six incipient cases. If nursing care is needed for any patient with tuberculosis, the call is sent to the Coördinated Public Health Nursing Service. When the patient is no longer a bed case he is discharged to the tuberculosis office.

#### *Finances*

We have the regular contract with the Metropolitan Life Insurance Com-

pany carried in the name of the Mary Maclean Association which was formerly the visiting nurse association. It was also agreed that all fees collected from patients should be given into the treasury of that organization. This makes up a part of the budget of the Mary Maclean Association which is added to by the Community Chest. All the other agencies except the City Health Department are also supported by the Chest. The funds are not pooled, but allocated for special purposes. The cost of supplies, light, heat and laundry are allocated in proportion to the number of nurses each agency is responsible for. This requires a great deal of accounting, and undoubtedly will be changed when a better plan has been worked out. In the beginning the whole purpose was to make as few changes as possible so that little confusion or misunderstanding might result.

We have had no difficulty in collecting fees except in the case of communicable disease, when the feeling of the public generally seems to be that city taxes pay for such service.



#### WE HAVE A NEW USE!

Getting out of the mud is just one more duty a rural nurse must perform. One foresighted county nurse carried a pile of old magazines—THE PUBLIC HEALTH NURSE among them. When Henry's wheel sank in the mire, into the rut went an armful of magazines and out came Henry, spinning over a paper road.

## RADIOGRAM FROM THE GRADING COMMITTEE

### *What Is the Committee Finding Out About Public Health Nurses?*

In January, 1927, we published in the magazine a brief account of the program of the Grading Committee. Since then things have been happening. Those of us who have been in any one of the ten selected states will know some of these things by the questionnaires which we have answered. What is it all about?

Just this. The Committee before it can grade schools of nursing, is trying to find out something about the supply and demand for nurses, not just numerically speaking, but qualitatively. What sort of a supply, intellectually and physically, are the schools producing? What kind of a person does the public, and the medical profession seek in a nurse? What rôle does and should public health nursing play in the life of a student nurse, of a graduate? Does experience in public health make a better private duty nurse? Should every public health nurse have some private duty experience? Are we moving toward the time when all types of nursing service will be administered from a central organization; private, hourly and visiting services being assigned according to a nurse's preparation, skill and preference? These are questions that concern each one of us.

The study is being made in the pure spirit of research; it is impersonal, analytical, thorough. Some of the findings are already available, although it is too soon to ask an interpretation of them. We state a few of the spectacular ones here:

**Three-fourths of all schools in the United States have less than 50 students.**

**One-half of all schools in the United States have less than 30 students.**

**One-third of all hospitals (with schools of nursing) have less than 50 patients daily average. Five hundred and forty-nine schools report no full time instructor.**

**Out of every 100 public health nurses, 9 have never gone beyond grammar school, and 20 have never had more than 1 year of high school. Another 20, on the other hand, have had at least 1 year of college.**

The N.O.P.H.N. is helping to pay for this study. The nurses' Joint Committee on Financing has asked every nurse to contribute at least a dollar toward the expense. It is not for ourselves individually, perhaps, that we need the results of this investigation, but rather for the standing of our profession as a whole, and for the nurse of the future. The founders gave unstintingly. Surely we, the builders, can do no less.

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More than 750 delegates attended the conference on Family Life in America held in Buffalo, October 2-5. Family life was discussed from the economic, educational, religious and recreational standpoint. The concern of the community with marriage was given special consideration. Almost every speaker stressed the need for adult education for marriage and parenthood. Many interesting plans for making such education more available to men as well as women, were discussed, such as pre-family education in normal and law schools, and theological seminaries, as well as the establishment of matrimonial clinics where those seeking advice may obtain unbiased assistance and an understanding of behavior laws. Such education was said to be necessitated by the changing conditions of modern life and a breaking down of family traditions. It was the consensus of opinion that education rather than legislation must be looked to for the most reform.

TESSA M. KLEIN

*Assistant Director, Buffalo District Nurse Association*

## A PRACTICAL ADAPTATION

By RUTH PHILLIPS

Assistant to the Director, Visiting Nurse Service, Norfolk, Virginia

I N the summer of 1926 a generous and interested citizen presented us with "Pender House." The gift far exceeded any dream that we thought might come true for fifty years or more, and made possible for us separate rooms for our visiting nurse work. Pender House itself is an interesting old colonial house and the Administration Building is an exact duplicate of it so that the two appear as perfect units. We were more than delighted with our new possessions. However,

room adequate in its proportions for our work. We found as liabilities badly damaged walls with great holes in the plaster, a partition with great cracks in its crude boards, wires with many little plugs dotting one side of the wall, a wooden floor with years of dirt ground into it and dirt, such as you would expect in a coal cellar, simply everywhere. A rather disheartening spectacle.

We considered what might be done. At a conference we learned that ten



*The Coal Cellar—Transformed*

with all our spaciousness, when the quarters were assigned for use, we had nothing left for a demonstration room.

We went over our disappointing problem in many discussions. Finally our Director said "Why not use that front space in the coal cellar?" With considerable surprise we hurried to view what we thought would have to be most unlikely possibilities. We found as assets a little section in the cellar where plenty of sunshine was streaming in at two windows, and a

dollars was all we could expend and from estimates we found that to have even the cellar walls repaired, with beaver board put up and wires all converged in one box, would cost \$8.30. Additional expenses were as follows:

Paint for woodwork and furniture ..	\$1.20
Alabastine for walls.....	1.30
Paint and varnish for floors.....	1.25
Curtain materials and fixtures.....	.75
Screws, nails and tacks.....	.10
	8.30

\$12.90

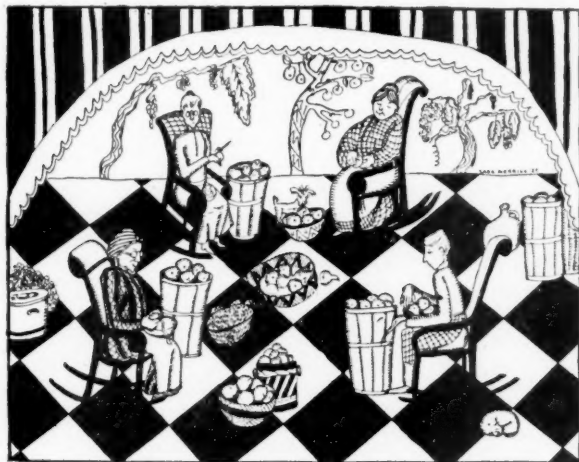
At this time a friend, having heard of our need (with our intention, it is to be feared) offered to do the painting free. Very well. We had found a way to save the extra \$2.90. So work began.

It took many hours of scrubbing, rubbing and paintbrushing, but the possibilities that even the first efforts presented fired us with enthusiasm and interest. We painted the walls deep ivory, the woodwork and trimmings lettuce green and the floor we stained a light oak.

When it came to furnishing it we found that our demonstrating materials, even when freshened up a bit, were not enough. We wanted this to be a bed room in a "Poor Home Turned into a Good Home," so we needed furniture. We found an old chest of drawers, long since discarded, but able to be made usable. One of our local hospitals was going out of existence just at this time, so we

asked for a bed. One of our health centers had moved to a new location and had an overflow of chairs; they gave us three. A small crib was contributed from the ward of the Children's Clinic. When our room was completed and the little dotted curtains ruffled and hung at the windows, there was nothing in all Pender House of which we were more proud.

It is a busy little room. To it we take our new staff nurses, students, and old staff for demonstrations and discussions on our methods of nursing technique. To it we take our classes in Home Hygiene and Care of the Sick for demonstration and practice work. No one crosses its threshold who is not impressed with its cheerfulness, simplicity and practicability. It is a lesson we like to teach our mothers—that of what honest effort and applied energy can do. It is indeed a *demonstration room*—"from a coal bin to a bedroom."



*In the Autumn*

"You go to bed at twelve or one,  
And thus destroy your health,  
my son."  
"No, sir," the boy said drowsily,  
"It's getting up that's killing  
me."

*John Bannister Tabb*

This is a quotation from the June page of the 1928 calendar published by the National League of Nursing Education, 370 Seventh Avenue, New York City. Over two hundred quotations, and several illustrations, of which we reproduce one, make up the calendar, proceeds from the sale of which go toward maintaining the work of the League. Each calendar sells for \$1.00, or 75 cents for orders of fifty or more in one shipment.

## CARBON MONOXIDE POISONING

Carbon monoxide poisoning is a subject which, according to the opinions of leading physicians, is coming to merit the attention of the public health nurse. In articles by May R. Mayers, M.D., in recent numbers of the *American Journal of Public Health* there appears the statement that accidents from this cause may be looked for wherever gas is burned or any organic substance is being oxidized. This includes of course, not only the already familiar peril of the closed garage in which automobile engines are allowed to run, but also the less widely recognized one of a closed coal or gas-burning heater in the home. Carbon monoxide has become an almost constant industrial hazard—indeed Dr. Winslow places it first among industrial poisons—but its record for domestic deaths is high also.

Carbon monoxide asphyxiation is essentially an asphyxia of each individual cell in the body due to the inability of the blood stream to carry oxygen to it in sufficient amounts to nourish it. The blood must be circulating at a normal rate, must contain normal hemoglobin, combined with a normal amount of oxygen. Inhalation of carbon monoxide gas dissociates oxygen from hemoglobin. Victims of sudden poisoning are almost always unconscious, but still breathing, and unconsciousness lasts longer than in electric shock.

Its symptoms are variously described, but an interesting point in connection therewith is brought out in the publication of the United States Public Health Service, Bulletin Number 150. "Men have often been exposed to carbon monoxide all day without noticing any marked effects, but on exercising have experienced severe symptoms, even to unconsciousness." An article in *Child Welfare* gives the symptoms as follows: weakness in the legs, dizziness, throbbing headache, rapid pulse, slow breathing and loss of consciousness. In addition to the severe case of poisoning there is

also the chronic type of affection when the patient is subjected to small amounts of the gas more or less constantly with a resulting general deterioration in health. Young children and infants are peculiarly susceptible to gradual poisoning. Clinical physicians should be alert to recognize such cases, and the nurse cannot be too careful to make clear to her cases the danger attendant on the use of closed heaters, and the need for proper ventilation.

Recovery depends upon an early elimination of carbon monoxide from the blood and elimination in turn depends upon the amount of oxygen in the air breathed, and rate and depth of respiration. While carrying the victim to fresh air may be a remedy in light cases, artificial respiration is usually necessary. The use of pure oxygen increases the rate of elimination, but the use of oxygen plus carbon dioxide (5 per cent) has been found by authorities to be the most effective combination. The use of special devices, the pulmotor, etc., alters the normal respiratory action and must be used with care, for the air is forced through the lungs—an active instead of passive phase, and sucked out, not pushed out by normal compression of the lungs. Congestion and marked increase in pulmonary blood pressure may result. A normal heart may withstand this added load, a weak heart may not. Added difficulties in the use of these machines are ill-fitting face masks, inability to measure the proper amount of air being administered, danger of forcing foreign matter into the lungs and air passages, rupture of the lung (rare) and the after effect of a very low blood pressure.

A method to be used only by a physician is the direct stimulation to the respiratory center by means of such drugs as Alpha Lobelin.

Of all these, the Schäfer Method is a much more normal process of resuscitation, less dangerous to the patient, just as effective as the pulmotor.

## TRIALS AND COMPENSATIONS

BY ELSIE WITCHEN

Children's Bureau, Washington, D. C.

Dogwood blossoms like snowdrifts peeping through young oak leaves, moss-festooned trees, scent of wild honey-suckle, song of mocking bird, perfect road for thirty miles, and we arrived at our destination ravenous for dinner and with visions of good beds to end a perfect day.

The less said about the dinner the better. The beds materialized in a loft building over a "movie" theater where the clamor of a mechanical "organ" sounded until an early hour. But tomorrow was another day and, with a good cup of coffee, we told ourselves, our troubles would be forgot.

The coffee at the first restaurant, however, was undrinkable. At the second one it was even worse, and an inquiry for George Washington Coffee at the local grocery store elicited the information that "sech fine brands ain't carried in this yer section." So, with a philosophical cup of cambric tea, we started for our meeting.

Twenty-one midwives were present—black, brown, café-au-lait—starched and capped and proud of the attention of the "ladies f'um the guv'ment."

"Lor', Missy, I'se done been called by de Lord. He learned me my bizness." This from fat, complacent Aunt Sally.

Asks Sister White, eyes flashing in dusky face: "You all come 'way f'um up no'th to help us? We sure is glad."

"Miss Sarah, I'se healthier 'n an alligator, I is. I ketches all de babies," chimes in lean, cadaverous Mammy Chloe.

The class begins.

"No'm, I never wastes no time. When I sees dey's gwine die, I quick calls de doctor."

"Yes'm, I keeps my nails clean. I allus wears rubber gloves. But when I gits busy, dey's in de way and I pulls 'em off."

A two hour session is attended with the utmost interest.

"I declare to goodness, Honey, de doctors dey allus calls me when dey's stumped. Now I kin tell 'em more 'n ever," beams bent, wizened, toothless Mandy Brown.

"Miss Sarah, you married? No? How come lady like you, what know so much, ain't done got yo'se'f a man?"

There is a similar meeting in the afternoon and we go to our next lodging. Here we have a good dinner, beds of downy comfort, and the next morning *real* coffee and such biscuits and honey!

Trials? Oh, yes.

Compensations? Most decidedly.

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The almoner ought to be kind, compassionate and God-fearing; he ought also to be discreet and careful in making his appointments.—Rules for the Augustinian Canons, 1295.

# ACTIVITIES of the NATIONAL ORGANIZATION FOR PUBLIC HEALTH NURSING

*Edited by* JANE C. ALLEN

On October 7 and 8 the regular quarterly meeting of the N.O.P.H.N. Executive Committee was held at 99 Park Avenue, New York City. The Board of Directors had been invited to attend. The members present were:

Mrs. Anne L. Hansen, <i>President</i>	
Mrs. Whitman Cross	Dr. Haven Emerson
Elizabeth G. Fox	Esther R. Entriken
Florence Patterson	Anna Ewing
Winifred Rand	Janet M. Geister
Jane C. Allen	Carrie M. Hall
Mary Arnold	Mrs. Helen La Malle
Alta E. Dines	Sophie Nelson
Gertrude Peabody	

## *Treasurer's Report*

The treasurer, Mr. White, reported the finances of the Organization in good condition, the income for 1927 balancing the expenditures and the prospects for 1928 income favorable. Thus the separation of membership fee and magazine subscription which went into effect January 1, 1927, seems already vindicated as a wise decision on the part of the N.O.P.H.N.

Magazine earnings for 1927 have reduced by half the \$11,000 deficit which has prevailed heretofore. This good showing is probably due to

The straight subscription basis.

The transfer of advertising soliciting and management from an outside agent to the business department of the N.O.P.H.N. whereby monthly commissions are being saved, while at the same time an almost equal amount of advertising is being handled.

The efficient and economical administration of the magazine.

## *Education Committee Report*

The Education Committee reported a meeting held on October 4, 1927, at which the following topics were considered:

1. The tentative outline for a course in school nursing covering four summer ses-

sions. This has been prepared by Anna L. Stanley, chairman of the N.O.P.H.N. School Nursing Section, and Beatrice Short, N.O.P.H.N. staff assistant, and has recently been sent to a widely distributed group of school nurses for criticism and comment.

2. The present status of the study of the use of out-patient departments for pupil nurse training which a committee of the National League of Nursing Education is engaged in.

3. The new developments in university courses in public health nursing. Special consideration was given the reports submitted by the General Director based upon contacts last spring with university courses in the west.

4. Plans for an intensive study of staff education which will culminate in a report to be presented at the Biennial Convention next June. A group of advanced students in public health nursing at Teachers College will give assistance in this study. It was decided to supplement the reports on staff education submitted by the General Director by securing further facts as to current practice in staff education.

5. The request of the Pennsylvania State Board of Nurse Examiners to the Education Committee of the Pennsylvania State Organization for Public Health Nursing that the N.O.P.H.N. be asked to give advice as to evaluating undergraduate affiliations in public health nursing. It was felt that

Immediate assistance can be given by suggesting the use of the minimum standards for such affiliations as worked out by the N.O.P.H.N. Education Committee.

Further help will be available upon completion of the study of undergraduate affiliations now being made by the Grading Committee.

The extent to which State Boards of Nurse Examiners are having to evaluate such undergraduate affiliations and what their procedure is should be ascertained by canvass in the various states.

## *Publications Committee Report*

The Executive Section of the committee met on September 30. It was decided to supplement the usual routine subscription campaign procedures by giving wide publicity to the suggestion that subscriptions to THE

PUBLIC HEALTH NURSE be given as Christmas gifts.

The success of the subscription combination plan with the *Survey* and the *American Journal of Nursing* was reported. It was suggested that the large and reliable subscription agents be approached to secure their cooperation in handling subscriptions and in including THE PUBLIC HEALTH NURSE on their lists.

The N.O.P.H.N. Executive Committee approved the appointment of Mrs. Gertrude Hussey Sternhagen to the Publications Committee and of Miss Emeline A. Street of New Haven to the Executive Section of the committee.

#### *Finance Committee Report*

At its meeting on October 1, the committee gave careful consideration to the proposed 1928 budget. It was recommended that the General Director be authorized to continue to build up a contingency fund, not to exceed \$5,000, as a Reserve Fund.

The report of the Finance Committee was approved and the 1928 budget adopted with the exception of three items which were given conditional approval.

#### *Report of Committee on Lay Section*

The committee met on October 6 and went on record as favoring

Consideration by the Branch Development Committee of a proposal that State Organizations for Public Health Nursing be permitted to have corporate members.

Appointment of an N.O.P.H.N. committee to prepare a Board Members' Manual. The Executive Committee authorized the Lay Committee to proceed with this plan.

The committee suggested that each N.O.P.H.N. corporate member be urged to take an active interest in contributing to these discussions in the Board Members' Forum.

#### *Branch Committee Report*

This committee met on October 6. The General Director reported correspondence with the New Mexico Public Health Nurses' Association relative to becoming a branch of the N.O.P.H.N. This recommendation was

approved by the Executive Committee.

Two other recommendations to the N.O.P.H.N. Executive Committee were made:

That the by-laws of the State Organizations for Public Health Nursing be amended to permit corporate membership. The N.O.P.H.N. is deferring action on this recommendation until further information can be secured.

#### *Service Evaluation Committee*

The recommendations from this committee will be printed in a later number of the magazine.

#### *Joint Midwifery Committee*

The committee met on October 6 in the office of the National League of Nursing Education on the call of the chairman, Florence Patterson. It was announced that the American Medical Association had designated Dr. William Darrach and Dr. Nathan B. Van Etten as their representatives on the committee. Plans were discussed for making a careful canvass of the available facilities for a course in midwifery for graduate nurses, as a working basis for the development of specific plans.

#### *Report of Vocational Service*

This report covers April to August, 1927, inclusive. In this period 314 public health nursing positions were registered, as compared with 248 for the same period last year. One hundred thirty-six nurses were registered for the first time and 110 reopened registration. The placements numbered 108 with 27 assisted placements in 1927. The month of August was a record month as to placements, totaling 42.

#### *Report of General Director*

The detailed report of executive activities during the past five months included:

*Statistics.* The Statistical Department has completed reports on the following subjects:

Care of the preschool child.  
Delivery care in public health nursing associations.

Agencies giving communicable disease care.

Agencies giving orthopedic care.

Hourly nursing in public health nursing associations.\*

Salaries of school nurses.†

Study of N.O.P.H.N. contributions and memberships and of subscriptions to magazines. Charts have been made for exhibition not only at the next Biennial Meeting, but also for the state meeting exhibits.

*Financial Study.* Since the foundation of an increased lay membership must be knowledge of the N.O.P.H.N., a program of information has been planned. During the week of October 3-8, the N.O.P.H.N. booth at the Exposition of Women's Arts and Industries, held in the Hotel Astor, New York, was used for the visiting public as a means of creating interest and spreading information. The radio talk given from station WLTH, on October 6th, by the General Director, was the first of a series on public health nursing, focussing attention on the part played by the N.O.P.H.N. A long-time plan for newspaper publicity has been inaugurated with two feature stories.

*Business Administration.* There has been little change in membership, but subscriptions show a regular monthly increase. This year's subscriptions and memberships are compared with those of last year in the statement below:

	Membership (Ind.)		Subscriptions	
1926..	6,292	\$12,878.00	6,492	\$1,935.97
1927..	5,046	14,262.85	4,245	6,058.82

*Advisory Service.* A study of the nursing service in Winchester, Massachusetts, was made in May and another of the Moorestown, New Jersey, Visiting Nurse Association, in June.

More than 200 office interviews with out of town visitors seeking advice took place during the summer. Among the visitors the following foreign countries have been represented: China, Japan, India, Austria, Poland, Brazil, Ceylon, Australia, Roumania and France. The majority of these were physicians in this country on Rockefeller Fellowships.

#### *Miscellaneous Business*

At the request of the National League of Nursing Education, the N.O.P.H.N. Executive Committee voted to coöperate with the National League of Nursing Education and the American Nurses' Association in a Joint Committee on the Distribution of Nursing Service. The N.O.P.H.N. representatives will be announced later.

The General Director was instructed to invite the N.O.P.H.N. Advisory Council to meet with the Board of Directors next January for the consideration of

Important questions of relationships and responsibilities in the field of public health nursing.

General policies in N.O.P.H.N. development.

**The dates of the 1928 Biennial meeting at Louisville, Ky., are June 4-9, 1928. Hotel headquarters: The Brown Hotel, Kentucky Hotel, and Seelbach Hotel. A list of other hotels in the vicinity will be published in the near future. Please make your reservations early.**

\* Published in THE PUBLIC HEALTH NURSE, August, 1927.

† Published in THE PUBLIC HEALTH NURSE, September, 1927.

## BOARD MEMBERS' FORUM

*Edited by VIRGINIA BLAKE MILLER*

### PART TIME SUPERVISORY SERVICE—TWO OPINIONS

In the September number an account appeared in the Board Members' Forum of an experiment made by the Waterford, Connecticut, Red Cross Public Health Nursing Service in arranging to have their two nurses supervised by the New London supervisor. While such an experiment is interesting, it has its dangers and should be developed only after consultation with and the approval of the state director of the department of public health nursing, or if there is no such director, with the N.O.P.H.N. It is difficult for one association without critical study to evaluate the work of another association or the personnel of its staff, while the state directors and the N.O.P.H.N. have data and professional training that equip them to do both. Small associations are perhaps too ready to assume that larger associations can always be looked to for wise counsel and this is unfortunately not inevitably true. Moreover, the supervisor in the large association has presumably been engaged on a whole time basis because the field in which she is working can absorb all that she is able to give. The board of a large association that contracts with the board of a small association to rent their supervisor on part time is certainly assuming that the work in the supervisor's own association is functioning so perfectly and is so completely developed that that association can spare the time that is contracted for by the smaller association.

The argument that the money acquired from the small association in payment for the services of the supervisor may be so spent as to relieve that supervisor of some of her duties and so give her more time seems specious, for presumably a supervisor is employed with work that only a supervisor can do. The association that uses a high grade supervisor in clerical or

low grade work such as might be covered by an extra low grade worker might well look to its own internal economy.

This discussion does not of course apply to the several small associations, no one of which could alone afford special supervision, who jointly employ a supervisor. Even this venture should be undertaken only after consultation with state or national agencies.

JULIA WELD HUNTINGTON  
*Member of N.O.P.H.N. Committee on Lay Section*

There seem to be possibilities for the education of members both of the staff and of the board in the suggestion that a small association purchase supervision from a larger association.

One arrangement might be that once a year the supervisor of some special service, tuberculosis, child welfare or maternity work, should come to the local association and spend a specified time during the day with the nurses, making a simple survey of the work. Then later in the day the nurses and board members could meet to listen to the findings of the supervisor and to her suggestions for improvement.

Such a plan would be of great value in giving the nurses an opportunity for professional discussion and advice on the home field. It would also be of real value in renewing the interest of the board members in a particular phase of nursing activity. If such visits could be arranged several times a year the board members would have a refreshing change from regular routine and receive much needed education.

To make sure of the possible value of the local plan it should be submitted to the N.O.P.H.N. and be approved before being put into operation.

JANET ROCKWELL LEVY  
*President, District Nursing Association, Burrilville, Rhode Island.*

## EDUCATION OF BOARD MEMBERS

For years our Connecticut Board Members have had the advantage of meetings where free and intimate discussion of all manner of problems has taken place. Mrs. Kent's address on the education of board members at the Board Members' Institute in April showed how woefully deficient we were and but whetted our appetites for more information and better education of our own board members. And, mind you, we had thought we were pretty well up to date. Since then ideas have been simmering in our minds, certain of which have crystallized into action. If they are of any use to other associations I should like to pass them on for what they are worth.

Our first innovation was the establishment of what we call Visiting Board Members, and it has proved a veritable eye-opener. On our Board we happen to have twelve members. Two and two we go once a week for four weeks to the Visiting Nurse headquarters at 1:15 P.M., an hour convenient to both nurses and board members. The board members decide what day they wish to go and just drop in on our three nurses. The first time we heard an exact record of the cases seen that morning; another day we were shown something of the method of

keeping records; another time we attended a pre-school clinic; still another, which happened to be on the 16th of the month, we learned that the nurses that month had so far had ten maternity cases—three American, two Polish, one Croatian, one colored, two Italian, one Jewish. A brief report of what we saw and learned is made at the monthly board meeting.

Another plan which we have adopted for self-education is to have each month one board member take the current issue of *THE PUBLIC HEALTH NURSE* and make a brief report of the salient points at the next meeting. This was started at our last meeting so that we have not yet had the report. The board members are to do this in rotation. We are trying the same thing at our next Connecticut Board Members' Division meeting, selecting three magazines, *THE PUBLIC HEALTH NURSE*, the *Nation's Health*, and the *American Journal of Public Health*, and asking a board member from each of three associations to report on the last three issues of one magazine.

ROSAMOND S. HAMMER  
*Secretary, Board Members' Division,  
Connecticut Organization for Public  
Health Nursing*

*Editor's Note:* While discussing *THE PUBLIC HEALTH NURSE* it would be most helpful if the points brought out in the Board Members' Forum are given special consideration and the editor communicated with.

Mrs. Alfred E. Hammer's article is a valuable follow up of the New Haven Board Members' Institute. Probably many other experiments are being tried or are under consideration in finance, publicity, education, relation of the board to the medical advisory committee, and the Forum hopes for more articles such as Mrs. Hammer's as a guide to associations considering something of a like kind.

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# RED CROSS PUBLIC HEALTH NURSING

*Edited by* ELIZABETH G. FOX

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## THE RED CROSS CONVENTION

Describing the Red Cross as the "national arm of defense against disaster and against suffering" Secretary Hoover, in his address at the Red Cross Convention declared that partly as the result of its successful coping with other disasters of lesser magnitude than this, but certainly as the result of its successful handling of the Mississippi flood, the Red Cross has come into a new aspect in American life, and it has come into a new stage for itself. It has become the one guarantee to the American people that loss of life shall be prevented in calamity, that suffering shall be mitigated to the utmost degree. All other agencies now willingly yield to the Red Cross this great responsibility, and it must assume this responsibility, and in assuming it it must develop its own organization.

"One of the marvels of the world," Dr. George Vincent of the Rockefeller Foundation characterized the management of rescue and relief in the flood, made possible not merely by the generous outpouring of millions of dollars by the people but largely by reason of the always active organization, the day-by-day experience, the technique, the universal membership of the Red Cross, together with the amazingly successful integration of the forces of the Government with the Red Cross.

These ringing statements, together with a report of the Vice Chairman, Mr. Fieser, of substantial growth in Red Cross activities and rapidly mounting demands upon the Red Cross for service, aroused the delegates to a pitch of enthusiasm and to a zeal for greater and better achievement not unlike the glowing ardor of war days. "The Red Cross has once more come into its own and must be equal to its task" was the rallying cry which passed like an electric spark from lip to lip.

In such a charged atmosphere the resolution of the Central Committee, calling for five million members in the coming Roll Call, was accepted with spirit and assurance. In the face of the great demands made upon the Red Cross the need for increased funds was indisputably evidenced by these facts. During the last five years the Red Cross has spent a trifle over forty-three million dollars for disaster relief alone. Of this amount, in rough numbers, thirty-seven million eight hundred thousand has been contributed by the people in response to Red Cross appeals for specific disasters and something over five million has been taken out of the Red Cross treasury to make up the deficit. This fact is worth noting in view of the impression some have that the Red Cross salts down a tidy sum after each disaster. It is also well to remember that for every disaster for which the Red Cross makes an appeal for funds, there are scores which it finances entirely out of its own treasury. For instance, there have been two general appeals this year, one for Florida and one for the Mississippi Valley, while in the same period the Red Cross has aided seventy-seven disasters in the United States and twenty abroad.

The annual income at present is scarcely sufficient to finance the regular current activities of the Red Cross and the reserves for service to ex-service men and for the League of Red Cross Societies are rapidly disappearing. The withdrawal of five million in five years from the reserve for disasters has reduced that fund to the danger point. Hence the need for a greater annual income.

There is no space to quote from Miss Lathrop's fine address, nor to give the substance of many rousing round tables and conferences. In con-

clusion, we can only make one brief comment on one other high light of a Convention packed with interest. For the first time the Junior Membership had an official share in the deliberations of the National body. High School delegates to the number of fifty-three boys and girls from twenty states, including one Indian lad from Albuquerque, met in Junior conferences, attended the plenary and general sessions and heard the one resolution they presented accepted with rousing applause—

"Whereas, this Seventh Annual Convention of the American Red Cross is the first in which the High School membership of the Junior Red Cross has been represented, and

"Whereas, this High School membership embraces at least six hundred thousand students in schools throughout the United States who desire an active part in the work of the nation; be it

"Resolved, that the Junior delegation ex-

press its appreciation of the opportunity to participate in this Convention, and the desire of the membership which it represents for more active participation in the service of the National Red Cross and in the work of its Chapters, through representation in Chapter committee and otherwise."

What these Juniors, representing a membership nearing seven million, whose meetings were conducted with an intelligence, disinterestedness and fine purpose, not always seen in senior meetings, will bring to the Red Cross of the future only a thorough-going misanthrope could discount. With hearts stirred to the depths and eyes shining through a mist, we saw "*The Vision Splendid*" of the future, symbolized in the Junior Pageant on the last evening and came away daring to hope that youth will construct a greater Red Cross and a better world than any we have known.

#### FOLLOWING THE FLOOD



We quote the following excerpt from a letter from Miss Margaret L. East, State Board of Health of Kentucky, as carrying on the concern which public health nurses must feel in the work begun as an emergency measure during the floods last spring.

I suppose you have heard of the interesting things we are doing in Kentucky following the flood disaster, in both the eastern and western part of the state. With the aid of the Rockefeller Foundation and the U. S. Public Health Service, we are establishing full-time health departments in practically every county affected by the flood. We have already established fifteen departments and have ten more prospects. The personnel of these departments consists of health officer, one or two nurses, and a sanitary inspector. Of course, my big problem was to secure nurses, but this has been met by the establishment of a training center at Indianola, Mississippi, by the Rockefeller Foundation which pays the traveling expenses of the nurses and allows \$4.00 per day for living expenses.

We have not heard to what extent stations established during the flood are being made permanent in other states but we hope to publish a note on it in the near future.

We also quote the following from Mr. Hoover's informal report to the President as reported in *The New York Times*:

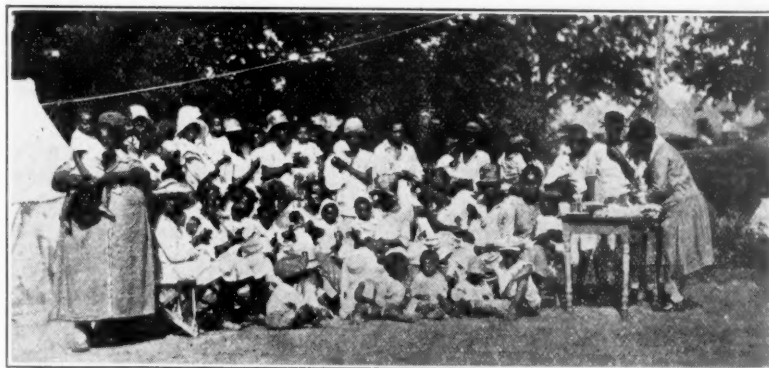
In the work of rehabilitation, in all of the 120 counties touched by the flood a house-to-house canvass has now been completed in determination of the varied needs of the people with the exception of nine counties, where the surveys are as yet incomplete.

A strong health unit in each county is being established through the state health authorities, and has been financed for the next eighteen months jointly by the states, the counties, the Rockefeller Foundation, the United States Public Health Service and furnished with supplies by the Red Cross.

The Mississippi Valley Flood affected 8 states, 174 counties and covered 3,000,000 acres of agricultural land. The Red Cross cared for 607,236 refugees, and at the peak of the emergency had 163 nurses on duty at one time.



Altogether 329 nurses saw flood service, of whom 115 were from the ranks of public health nursing. Fifty-five colored nurses rendered invaluable service to their people, who made up 65 per cent of the refugees. Although nurses gave up their vacations to serve, and were exposed to hardships day in and day out, they are agreed that the Flood—and we treat it with respect and a capital!—was an experience which they “would not have missed for anything in the world.” The accompanying photographs show the nurse at work in the flooded areas.



*Photographs by courtesy of the Red Cross*

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## REVIEWS AND BOOK NOTES

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Below is a list of organizations which have made changes in their poster material since the original list was published in *THE PUBLIC HEALTH NURSE*, December, 1926.

**Children's Bureau**, United States Department of Labor, Washington, D. C.

The Health of the Child is the Power of the Nation. In colors. 18 x 24. Free.

\* Posture Standards. 6 charts illustrating excellent, good, poor and bad posture for thin, intermediate and stocky types of boys and girls. 6 for \$.50.

**United States Public Health Service**, United States Treasury Department, Washington, D. C.

\* National Negro Health Week Poster. 1928 edition available January, 1928. Sample copies free. Additional copies at nominal cost.

**American Red Cross**, Washington, D. C.

36 panels on Red Cross Service (child care, public health nursing service, disaster relief, first aid and health education). 30 x 40. Single copies \$3.50. In colors. Chapters may borrow free for four weeks.

42 panels on Child Welfare and Red Cross Activities. In colors. 30 x 40. Mounted on rollers for hanging. Each, \$3.50. Series may be borrowed free by chapters for four weeks.

Around the World with the American Red Cross Nurse. 3 panels showing nursing activities in Bulgaria, Armenia, Greece, Turkey, Haiti and Poland and world map of Red Cross service. In colors. 30 x 40. \$3.50.

A Door of Opportunity Opened to the Blind. Showing Braille transcribing. In colors. 30 x 40. \$3.50.

**American Child Health Association**, 370 Seventh Avenue, New York City.

Child's Song of Growth. 1927. May Day Poster. Four colors. 14 x 22. \$.60.

**American Society for Control of Cancer**, 25 West 43rd Street, New York City.

Facts and Opinions. 36 x 27. Free.

Objects of the American Society for the Control of Cancer. 18 x 12. Free.

**American Heart Association**, 370 Seventh Avenue, New York City.

1 Heart Poster. 18 x 28. 10 for \$.40. \$2.50 per 100.

**American Medical Association**, 535 North Dearborn Street, Chicago, Illinois.

40 posters exposing quacks and patent medicines. Black and white. 22 x 28. Each, \$.30. Two, \$.20. Series, \$5.00.

**Joint Committee on Health Problems in Education of the National Education Association and the American Medical Association**, 525 West 120th Street, New York City.

Chart No. 59. Ventilation Essentials. \$.50.

Chart No. 60. Facts on Ventilation. \$.50.

Chart No. 61. Correct Plan for School Room Ventilation. \$.50.

Essentials for all who Treat the Sick. Two colored posters on Health Education. 22 x 28. Single copies, \$.50. 5 or more copies, \$.40 each.

**Chicago Tuberculosis Institute**, 360 N. Michigan Avenue, Chicago, Illinois.

3 prize winning posters on walking, tooth-brushing and sleeping.

**Elizabeth McCormick Memorial Fund**, 848 N. Dearborn Street, Chicago, Illinois.

Exhibit of hand made material illustrating the work of the Fund.

Loan collections of posters from other organizations.

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\* Order from the Superintendent of Documents, Government Printing Office, Washington, D. C., not from the Bureau under whose name the material is listed.

## EATING VITAMINES

By C. Houston Goudiss  
Funk & Wagnalls. 1927. \$1.50.

Housewives who think of vitamins as mysterious and never-to-be captured food elements will find this little book of value. There is a classification of vitamins, foods in which they are found, and recipes for preparation of the foods.

## GIFTED CHILDREN, THEIR NATURE AND NURTURE

By Leta S. Hollingworth  
Macmillan Company. 1926. \$2.00.

Is it a matter for rejoicing or regret when your three year old boy asks "Has every door two knobs? Why?" Many of us have thought of prodigies as unbalanced, anemic, a-social beings, barely human. Some of us have probably been troubled also by the thought that there are a great number of gifted children who are held back and stunted by the strict grading system in our schools. This volume reassures us. There are educational experiments in organization and curriculum under way to take care of these advanced children, with a view to keeping them normal, healthy, well balanced in their interests, not too bookish, while their special talents are being developed for the good of the world.

The East Harlem Nursing and Health Demonstration is rearing quite a little family of useful pamphlets. Last year we welcomed *Lesson Outlines for Maternity Classes*, and now a younger brother greets us, *The Pre-School Service in a General Health Program* has the family characteristics of definiteness, practicability, and pointed illustrations. Copies may be had for fifty-five cents from the Demonstration, 354 East 116th St., New York City.

*Health Trends in Secondary Education*, an analysis of health programs in fifty-three secondary schools, published by the American Child Health Association, places in the hands of principals,

teachers, school physicians and nurses the best outline of information for the promotion of physical, mental, social and moral school health that it has been our privilege to see. A form for the study of a health program appears first, followed by chapters describing the ways and means of securing results. Each chapter closes with recommendations by the committee which evaluated the reports from the fifty-three schools. Bibliographies accompany each chapter. Phases of the study of unusual interest are:

Consideration of the teacher's health, rest periods, physical examinations, lunch, recreation, and living conditions, educational value of the lunch and lunch room, study of absences due to sickness, handling of communicable disease including common cold.

Copies of this analysis may be obtained from the American Child Health Association, 370 Seventh Avenue, New York City, at \$1.00 a copy.

Those interested in Hourly Nursing will find a discussion-provoking article by Elise Van Ness, Publicity Secretary of the American Nurses' Association, which appears in the *Nation's Health* for August, entitled "Nursing Care by the Hour or by the Day." Who is to answer the demand for hourly service, the central registry, the commercial registry, the free lance nurse, or the visiting nurse association?

*New Poster Service.* Scrap books containing photographic reproductions of posters are for sale through the National Tuberculosis Association. The book, which is loose-leaf, includes all the posters that are distributed by national welfare organizations, as well as those produced by state and local tuberculosis associations. Additional photographs of new material will be mailed at regular intervals to the subscribers; also notices of discontinued posters. For further information regarding this very valuable service, write to the National Tuberculosis Association, 370 Seventh Avenue, New York City.

The *Relation of Public Health Nursing to the Prevention of Blindness* is discussed in a pamphlet recently issued by the National Committee for the Prevention of Blindness, copies of which are available from N.O.P.H.N. headquarters. This is a reprint from the Proceedings of the Joint Session of the National Committee for the Prevention of Blindness with the National Organization for Public Health Nursing, held in December, 1926, and contains the following papers:

Conservation of Vision in the Field of Public Health Nursing—Jane Allen.  
Follow-up in the Conservation of Vision—Janet Geister.

Coöperation in the Prevention of Blindness—Lewis H. Carris.

The Importance of the Public Health Nurse in the Prevention of Blindness—Conrad Berens, M.D.

Testing the Visual Acuity of the School Child, A Demonstration—Beatrice Short.  
Conservation of Vision in the School—Harold H. Mitchell, M.D.

Determining the Sight of the Preschool Child, A Demonstration—Jessie Ross Royer.

Practical Utility of the Visual Acuity Tests—Colman W. Cutler, M.D.

*Go to Your Doctor Before He Has to Come to You* is a new circular, published by the National Tuberculosis Association. A revised list of *Health Plays and Pageantry* is also ready for free distribution by the Association, 370 Seventh Avenue, New York City.

The Georgia Medical Society has extended to the Graduate Nurses' Association of the state the courtesy of the use of two pages in the State Medical Journal. The nurses pay for the two pages, and the material is edited by Miss Jane Van de Vrede. Registries and state registration were discussed in the last issue.

The National Committee for Mental Hygiene, 370 Seventh Avenue, New York City, has reprints for sale of Dr. Frankwood Williams' article, "Rôle of the Public Health Nurse in Community Mental Hygiene," which appeared in the July PUBLIC HEALTH NURSE. Price, 10c.

In August we made a note of a health bulletin to be published by the United States Chamber of Commerce to promote interest in health through the local chambers of commerce. Bulletin No. 2, *Health and Community Prosperity*, has material which would be helpful in preparing a talk on community health for men's clubs or organizations. These bulletins may be obtained free from the American Public Health Association, 370 Seventh Avenue, New York City, which sponsors their publication.

The News Bulletin of the American Association for Community Organization announces that the Scranton, Pennsylvania, Community Chest has produced a moving picture "For Dear Life." The producers kept in mind its use by other cities.

As many nurses, teachers and parents know, the Macmillan Company publishes a catalogue of books for boys and girls every year. This catalogue is now ready for free distribution and abounds in suggestions for convalescent reading and quiet play as well as rainy day occupations for the kiddies. Some of these books are *With Scissors and Paste*—a book of toy making for little children, *Playing with Clay, Your Workshop*. Mothers will find the *Ladder Library List* at the back helpful in selecting suitable reading according to age. We also call attention to an interesting and useful booklet entitled *Pastimes for Sick Children*, compiled by Mary Street Whitten and Hope Whitten. (D. Appleton Company, New York.) Mrs. Whitten has nursed a child of her own through a lengthy sickness. During this time she has had to find means of amusing the patient. She has therefore collected many games adaptable to children which will be found useful by nurses and mothers who are confronted with the problem of how to keep a sick and convalescing child occupied and still not overtax his body or brain.

*The Resident Nurse and the Health Program*, by Harriet Wedgewood, Staff Associate of the American Child Health Association (Department of the Interior, United States Indian Service, Bulletin No. 8), is, we believe, the first nursing publication especially prepared for the United States Indian Bureau. The pamphlet gives suggestions of ways in which the resident school nurse in a boarding school for Indian children can help the busy matron, and supplement the teacher's work in health education.

The Commonwealth Fund has published a bulletin No. 6 on "*Child Health and County Health*," a report of the demonstration in child health in Rutherford County, Tennessee—one of the four demonstrations now being carried on by the Fund. The results of an appraisal of the public health work in the county are shown and the future problems outlined.

*Record Forms for Public Health Work* is a booklet compiled by the Committee of Administrative Practice of the American Public Health Association, 370 Seventh Avenue, New York City. It contains pictures of the actual record forms and directions for their use, including forms for communicable disease, laboratory, and school health service. These forms are tentative and for experimental use. It is hoped that with the simplification of records there will be more economy in printing and better standardization of practices. Twenty-four pages are devoted to standard record forms for public health nursing—information which should be very valuable to new organizations, or for purposes of reorganizing old record systems. Copies cost 50 cents.

*Safetyize* is a small leaflet on accident prevention in the home, prepared by the National Safety Council. How to avoid burns, cuts, falls, electrical and gas hazards, simple rules for safe motoring, walking, using elevators and railways, make as valuable a little handbook as we have seen in many a

day. Indeed, the subject of home and highway safety has become so vital to all ages, that the General Federation of Women's Clubs has prepared, with the assistance of the National Safety Council, a program for the study and practice of safety measures. This, and other safety literature and posters, may be obtained from headquarters, 108 E. Ohio St., Chicago, Illinois.

*U. S. Public Health Service Reports*, Volume 41, No. 51, December 17, 1926, contains a special article on the Control of Communicable Disease, a report of the American Public Health Association Committee on Standard Regulations, of which Dr. Haven Emerson is chairman. The list of communicable diseases is given and also a definition of terms adopted by the committee, such as "carrier," "contact," "isolation," "susceptibles," etc. The committee also prepared a list of items with regard to each of the diseases:

**Infective agent.**

Source of infection.

Mode of transmission.

Incubation period.

Period of communicability.

Methods of control.

- (a) The infected individual and his environment.
- (b) General measures.
- (c) Epidemic measures (occasionally require separate mention).

In discussing these items under the different communicable diseases the special measures in the control of the disease of particular importance are emphasized by bold face type. We recommend this pamphlet, especially to nurses engaged in rural work.

The Commonwealth Fund Child Health Program bulletin *Coöperation for Child Health in Athens, Georgia*, describes the pioneer effort of a colored school in serving hot lunches.

After using the classroom stoves for a year for improvised hot dishes, the teachers in this school raised a fund to buy a cook-stove on which a hot soup for all children in the school who wish it, can be prepared. A local butcher contributes soup-bone daily; the children bring contributions of money or foodstuffs; one of the teachers cooks and serves the meal.

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## NEWS NOTES

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The headquarters office of the International Council of Nurses at Geneva, formerly at 1 Place du Lac, has been moved to a beautiful location on the east side of the lake, 14 Quai des Eaux-Vives. This will provide more spacious quarters for the growing needs of the Council.

A committee of the American Association of Obstetricians, Gynaecologists and Abdominal Surgeons (known as the Joseph Price Foundation) is working on a plan to decrease the still soaring death rate among mothers and babies in the United States. The committee is appealing to every state medical society and the medical journals to give more time and space to the discussion of obstetric problems. It plans to take up with the Maternity and Infant Welfare Departments of the State Boards of Health questions of more accurate birth registrations, organization of more prenatal clinics and talks to prospective mothers, and to suggest the appointment of Boards of Regional Consultants. Pressure will be brought to bear on the medical schools to give to their students a training in obstetrics at least equivalent to that given in surgery. It is also hoped to interest women's clubs all over the country in educational propaganda.

The University of Nebraska, desiring to offer courses in Child Development to the students in home economics, has arranged laboratory work for junior and senior students in a nursery school. The school has an enrollment of 12 children. The City Public Health Department gives the services of its visiting nurses for daily health inspections and a group of pediatricians in Lincoln give each child a complete physical examination twice a year. The division of nutrition of the Home Economics Department, and the Department of Educational Psychology

are also making use of this nursery-laboratory.

The design for the memorial to the late Queen Alexandra has been accepted by the committee appointed by the King. It is to consist of a bronze group typifying Faith, Hope and Charity, which will be erected in a recess in the wall of Marlborough House. The cost of the monument will be covered by the funds which have been subscribed in memory of the Queen to extend the work of the Queen Victoria Jubilee Institute.

The National Tuberculosis Association is offering eight prizes to junior and senior high school pupils for the best play dealing with some aspect of individual or community health or hygiene. For particulars write to National headquarters, 370 Seventh Ave., New York City.

Miss Mary M. Richardson, formerly Educational Supervisor of the Providence District Nursing Association, is now in England, taking the course in midwifery at the British Hospital for Mothers and Babies, Woolwich, London. The course lasts six months, at the termination of which Miss Richardson will take the examination given by the Central Midwives Board. Afterward, she will spend a period of observation in England before returning to America.

The Children's Bureau of Peru, during 1926, gave in its annual report of that year, the undertaking of the opening of public squares and playgrounds, and the opening of nurseries in connection with hospitals for children whose mothers are receiving hospital care. Other activities of the Bureau include, studies of medical and social problems, legal aid to mothers, health centers for

infants, summer camps for children, preparation of modified milk for distribution, and financial aid to private child welfare agencies.

Ecuador has recently passed a law relating to women in industrial employment and providing measures for their support and absence during pregnancy.

#### APPOINTMENTS

Miss Alice M. Morse, formerly Superintendent of Nurses, Harrisburg Hospital, Harrisburg, Pennsylvania, to the position of Superintendent of the Hospital and Principal of the School of Nursing, Rutherford Hospital, Murfreesboro, Tennessee. This is one of the rural hospital projects of the Commonwealth Fund, New York City.

Miss Elizabeth Ross, recently Superintendent of Newtonville, Mass., District Nursing Association, has been appointed Director of Nursing in the Brookline Friendly Society, Brookline, Massachusetts.

Miss Mabel E. Smith to the position of Assistant in Health Education in the Public Schools, Tulsa, Oklahoma.

Miss Ruth Heintzelman to the position of nurse in the Crippled Children's Service, State Department of Public Health, Harrisburg, Pennsylvania.

Miss Tonetta Hanson, formerly staff member at the Fargo, North Dakota, Child Health Demonstration, to the position of Director of Nursing of that service, October, 1927.

Mrs. Ella Gimmestad, formerly a member of the staff of the Fargo Demonstration, to the position of Itinerant Instructor, American Red Cross.

Miss Madeline Wilkinson to the staff of the Child Hygiene Demonstration at Athens, Georgia. Miss Margaret McAlpine to a similar position with the Salem, Oregon, Demonstration.

Miss Georgia Harrison, formerly a county nurse in Indiana, to the position of field supervisor for the Illinois State Department of Health, Springfield.

Miss Nelly Hölljes, formerly of the Health Department, Baltimore, Mary-

land, to the position of Registrar of Clinics, of the Neurological Institute, New York City.

Miss L. Ellenor Lynch, until recently the Assistant Superintendent of the Visiting Nurse Association, Youngstown, Ohio, to the position of staff member, New York State Department of Health.

Miss Helen L. Bridge, Director of the Warsaw School of Nursing in Poland, has been asked to serve in an advisory capacity on the Building Committee of that city.

Miss Elizabeth Culver, formerly Director of the Northern Westchester District Nursing Association, Mt. Kisco, N. Y., has accepted the position as Director of the Wilkesbarre, Pa., Visiting Nurse Association.

Miss Winifred Erskine has accepted a position as Assistant Director, Bureau of Public Health Nursing, State Department of Health, Hartford, Conn.

Miss Cornelia Van Kooy is now Director, Bureau of Public Health Nursing, State Board of Health, Madison, Wis.

Miss Mae A. Brown has accepted a position as Field Supervisor of the Visiting Nurse Association, Grand Rapids, Michigan.

#### MEETINGS

The Annual Meeting of the National Tuberculosis Association will be held in Portland, Oregon, June 18-23, 1928. This will follow the meeting of the American Medical Association, which meets in Minneapolis, June 11-15.

A meeting of representatives of agencies interested in the promotion of the 1928 Negro Health Week will be held at the Bureau of the Public Health Service, Washington, D. C., on November 1. One of the subjects to be discussed will be the following: "Should this Conference lend its aid to the promoting of studies in public health and disease among negroes, including the training and opportunities for negro physicians and nurses?"

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